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ABSTRACT

This congressional report contains testimony examining the vocational rehabilitation system and the Vocational Rehabilitation Act and exploring some of the issues, including linkage, faced by the vocational rehabilitation system in Ohio. Statements were provided by a U.S. senator (Mike DeWine, Ohio) and representatives of the following agencies and organizations: Ohio Rehabilitation Services Commission; The Ohio State University; Ohio Client Assistance Program; Ohio Department of Mental Retardation and Developmental Disabilities; Ohio Association for the Deaf; and Ohio Disabilities Planning Council. Special attention was paid to proposed changes in the Vocational Rehabilitation Act to streamline the program's bureaucracy and regulations and improve the quality and quantity of job placements for people with disabilities. Other topics discussed include the following: the vocational rehabilitation process at the direct-service level; the role of the private sector in vocational rehabilitation; the Individualized Written Rehabilitation Program; and the National Association of Protection and Advocacy Systems' nationwide Client Assistance Program. Appended are written statements by representatives of the Ohio Rehabilitation Services Commission and National Association of Protection and Advocacy Systems. (MN)

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VOCATIONAL REHABILITATION: AN EMPLOYMENT PROGRAM

ED 415 435

HEARING

BEFORE THE

SUBCOMMITTEE ON EMPLOYMENT AND TRAINING

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

ONE HUNDRED FIFTH CONGRESS

FIRST SESSION

ON

EXAMINING THE VOCATIONAL REHABILITATION SYSTEM AND THE REHABILITATION ACT, FOCUSING SLIGHTLY AND EXPLORE SOME OF THE ISSUES, INCLUDING LINKAGE, THE VR SYSTEM FACES IN OHIO

JULY 21, 1997 (COLUMBUS, OH)

Printed for the use of the Committee on Labor and Human Resources

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VOCATIONAL REHABILITATION: AN EMPLOYMENT PROGRAM

MONDAY, JULY 21, 1997

U.S. SENATE,
SUBCOMMITTEE ON EMPLOYMENT AND TRAINING, OF THE
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Columbus, OH, DC.

The subcommittee met, pursuant to notice, at 12:00 noon, in the lobby hearing room of the James A. Rhodes State Office Tower, Columbus, OH, Senator DeWine (chairman of the subcommittee) presiding.

Present: Senator DeWine.

OPENING STATEMENT OF SENATOR DEWINE

Senator DEWINE. Today we will continue our examination OF THE vocational rehabilitation system and the Rehabilitation Act.

In reauthorizing the Act, we are dealing not only with the opportunity to improve the Rehabilitation Act, but also with the necessity of linking it to the overall reform of job training.

We recently held our initial hearing on these matters in Washington, DC, and we heard important testimony addressing the national effects of some of the proposed changes to the Rehabilitation Act.

Today, I would like to change the focus slightly and explore some of the issues, including linkage, the VR system faces here in Ohio.

Ohio has one of the most successful VR systems in the country. Today is an opportunity for us to discuss the basics of the Ohio system, some of its problems, how they arose, and how we might solve them. Perhaps most importantly, we can discuss how to apply some of Ohio's most successful approaches at the national level.

The Rehabilitation Act authorizes the only Federal programs targeted specifically to help individuals with disabilities develop job skills, find employment, and achieve or regain independence. It is essentially an employment program. Therefore, as we discuss the Act—and the whole VR system that surrounds it, nationally and in Ohio—it is crucial that we keep in mind not only our goals of streamlining and improving the system, but our goal of linking the system to the larger effort of job-training reform.

While I speak of linking VR to the larger job training system, VR's fiscal independence must be maintained. We have to recognize the unique needs of those who require VR services, and still allow them the opportunity to take advantage of the generic job training system if doing so will best serve them.

Earlier this year, Congress passed and the President signed the Individuals with Disabilities Education Act. This was an important step empowering individuals with disabilities through education. I am optimistic that we can pass a broadly supported bill reauthorizing the Rehabilitation Act, empowering individuals with disabilities thorough job training, and I trust that today's hearing will help us to that end.

Now we will hear from our first panel.

STATEMENTS OF ROBERT L. RABE, ADMINISTRATOR, OHIO REHABILITATION SERVICES COMMISSION; BRUCE S. GROWICK, PH.D., ASSOCIATE PROFESSOR, THE OHIO STATE UNIVERSITY, COLUMBUS, OH; ROSE ANN HERMILLER, VOCATIONAL REHABILITATION SUPERVISOR, OHIO REHABILITATION SERVICES COMMISSION, COLUMBUS, OH

Mr. RABE. Mr. Chairman and distinguished members of the Senate Subcommittee on Employment and Training, it is a privilege to have the opportunity to talk with you about vocational rehabilitation and the reauthorization of the Rehabilitation Act.

I am here today testifying on behalf of the Council of State Administrators of Vocational Rehabilitation (CSAVR). CSAVR is composed of 81 State officials charged with administering the public vocational rehabilitation (VR) program in the States, the District of Columbia and the territories. These State officials are accountable for a progressive and historic program providing rehabilitation services to 1.2 million people who have disabilities. Each year, 213,000 individuals with disabilities obtain gainful employment through vocational rehabilitation.

We are proud of our efforts to concentrate services on achieving competitive employment in integrated settings for people with disabilities. It is essential that the Act continue to maintain its emphasis on competitive employment outcomes and on obtaining more and better jobs. The VR program's sole focus is on people with disabilities, and for those who want to work, it is the only program providing the essential services necessary to find a job.

I am also at this hearing as the administrator of the Ohio Rehabilitation Services Commission (RSC). My testimony today reflects the position of RSC.

I have had the opportunity to be RSC's administrator for nearly 14 years, and I previously served the agency in several administrative positions. During this time, I have seen numerous changes in the Act, all of which were intended to improve services to people with severe disabilities. While some of these changes were necessary and resulted in higher quality services, many others created only more bureaucracy and regulations. Such unnecessary regulations will eventually strangle the life out of this program and sharply reduce the number of people who actually become employed. The Act must remain focused on jobs—not on the process and paperwork that require VR counselors and agencies to write extensive justification for the services provided to consumers.

During the hearing in Washington on July 10, 1991, you heard how critical this program is to the lives of people with disabilities and how it helps them obtain jobs. I agree entirely with these statements. Therefore, I urge this committee, when considering any

changes to the Act, to first and foremost apply the standard of how a change will affect the number of people who can get and retain jobs, while being accountable.

In the remainder of my testimony, I will suggest specific changes to the Act, which we believe will improve the quality and quantity of job placements for people with disabilities.

The prescriptive requirements for the Individualized Written Rehabilitation Program (IWRP) should be substantially reduced. The only essential items that need to be included in the IWRP are:

No. 1, the employment goal; number two, a list of services to be provided to the consumer to achieve that goal; number three, the date to begin services; number four, the tentative date to achieve the employment goal; number five, a statement of consumer rights and remedies, and; number six, joint signature of the counselor and consumer.

Action: These would be placed in the Act under Section 102(b)(1)(B) and would replace (B)(ii) through (xv). The committee should also eliminate (b)(2). These changes will reduce unnecessary paperwork and therefore enable a VR counselor to have more time to directly work with consumers.

Eligibility. The 1992 Amendments greatly streamline the eligibility process, most notably by: requiring eligibility determinations to be made within 60 days using (whenever appropriate) existing, relevant information; establishing a presumption that consumers who receive Supplemental Security Income or Social Security Disability Insurance have a severe physical or mental impairment which seriously limits functional capacities in terms of employment; prescribing procedures for using determinations made by other agencies to establish the presence of a disability in consumers applying for VR services; and establishing a presumption regarding the benefit of VR services in terms of an employment outcome. It is assumed that a person can benefit in terms of any employment outcome unless the State agency can demonstrate, by clear and convincing evidence, that he or she is incapable of being assisted by VR services in this way.

Action: These changes were all made to expedite the determination of eligibility, while reaffirming the continued employment focus of Title I of the Act. The eligibility criteria should remain unchanged.

Scope of Vocational Rehabilitation Services. The current law contains a listing of services that must be provided to eligible consumers. This list has grown as each authorization has occurred.

Action: We recommend the elimination of Section 103, from (a)(1) to (16), Scope of Vocational Services. The new section should include a statement that only services needed to obtain employment would be provided, and would prohibit State agencies from denying any services a person needs to obtain a job.

Strategic Plan. Current law mandates that State agencies spend 1.5 percent of their Federal allotment to write a strategic plan. In Ohio, this means that we are required to spend $1.8 million on this activity. Our $1.8 million would otherwise enable us to serve 600 more people and place into employment 120 more consumers each year. On a national level, of the approximately $3 billion in State and Federal Funds currently appropriate for VR services, nearly

$45 million are spent on planning. These funds could be better spent on the provision of direct consumer services.

Action: The Strategic Plan in Part C, Sections 120, 121, 122, 123 and 124 should be eliminated from the Act and States should be permitted to spend this money on direct services.

Order of Selection. Concerns have been raised about whether or not the VR program serves people with severe disabilities. To address this issue, changes have been suggested which could impose a cumbersome system (similar to JTPA) designed to refine the Order of Selection. Such changes would make the law more prescriptive, resulting in increased complexity, paperwork and waiting periods for consumers.

In Ohio, we believe that the current Order of Selection is more than sufficient to assure that people with severe disabilities receive services. Ninety-eight percent of our competitive closures last year were people with severe disabilities.

Action: We advocate that this section remain unchanged or be eliminated.

Due Process. Comments have been made about the need for additional mediation during due process. We agree that this is very helpful and have been using mediation as a means to resolve issues with consumers. In 1996, RSC had only 21 fair hearings with 18 consumers (one consumer had three hearings). Of the 21 decisions, only two were overturned and one of those was upheld in court. The second appeal was not pursued in court. Of the 40,000 consumers served in 1996, only two percent contacted the Client Assistance Program for any reason. These numbers are also reflected in the national program.

Action: The current due process is effective and does not require any changes.

Reauthorization Period. This Act should be reauthorized for 5 years. This period will provide Congress with adequate information from the proposed standards and indicators to evaluate the VR program. The intent of the 1992 amendments was to have the standards and indicators in place prior to the current reauthorization. Since these standards will not be final until at least the spring of 1998, the five-year period will be needed to collect sufficient information to review trends. Any shorter amount of time would provide, at best, a snapshot of the program.

Action: A five-year reauthorization will enable Congress to see patterns and trends in considering the next reauthorization.

The Rehabilitation Act is really about a series of partnerships that enable consumers to get jobs. The first is between the Federal government and the States, which jointly agree that this Act is good public policy. The second and most important partnership is between the consumer with a severe disability and the VR counselor, who agree to work together to achieve an employment goal for the consumer. Third, there is the partnership between the State and the service providers, which agree to supply the means to reach the consumer's employment outcome.

These partnerships include nonprofit agencies, for-profit companies and local governments. They must all be in place to successfully achieve the outcome of employment. Such partnerships defi-

nitely result in "more jobs and better jobs for people with disabilities."

Senator DEWINE. Thank you very much.

Dr. Growick, please.

Mr. GROWICK. Chairman DeWine and members of the Subcommittee, thank you very much for this opportunity to share with you both my professional experiences in the field of vocational rehabilitation and my personal suggestions and recommendations for improving on the delivery of rehabilitation services in America.

My name is Bruce Growick, and I am an Associate Professor in the College of Education at The Ohio State University (OSU) where I teach classes, conduct research, and advise students in the Rehabilitation Services program. This training program at OSU has graduated over 120 students at both the master's and doctoral level over the last fifteen. Many, if not most, of these graduates have obtained employment in our field and are contributing to the rehabilitation of individuals with disabilities. In addition, we at OSU have also conducted Federally funded research on different aspects of the rehabilitation system, including predictors of rehabilitation success, counselor satisfaction and performance, and the Americans with Disabilities Act.

An interesting trend has emerged over the last 10 years. More and more of our graduates are obtaining employment in the private sector of rehabilitation rather than the public sector. Many of our graduates are now employed by private, nonprofit and for-profit agencies and companies helping individuals with disabilities either enter or return to employment. Most of these entities in the private sector counsel individuals who are covered by either personal injury, workers' compensation, and/or social security insurance. In the area of private sector rehabilitation, counselors who can help individuals obtain work are valuable because they remove an outstanding portion of the liability that is covered by the insurance policy. The insurance industry has discovered that it is cheaper and better to help their beneficiaries return to work than it is to pay off a claim. This is especially true in workers' compensation where employers are clearly liable for wages lost by individuals who are injured on the job.

Many of our graduates prefer this kind of work because, unlike the public State/Federal rehabilitation system, they are unencumbered by unnecessary paperwork. They often feel they can help people quicker and more easily, and their salary is better.

In contrast to the public sector, the world of private sector rehabilitation is relatively new, but has been growing tremendously over the last 10 years. As with most services which start in the public sector, like health care and education, the field of rehabilitation has seen a transformation from the monopolistic domination of the public sector to the healthy addition of the private sector and competition. Nothing improves on the delivery of a service or the development of a product like competition. The United States is a competitive society and policies that spur competition are healthy and good.

During a two-year leave of absence from The Ohio State University (1989-1990), I was Director of Rehabilitation for the Ohio Bureau of Workers' Compensation. As Director, I had responsibility

for 12 field offices located through the State, two rehabilitation centers (Columbus and Cleveland), and over 400 employees with an annual budget of $48 million. During 1990, the Rehabilitation Division of the Ohio Bureau of Workers' Compensation returned to work over 2,000 injured workers. Ohio is somewhat unique in that it offers industrial rehabilitation services directly to injured workers by a separate State agency. As you can see, this agency is quite similar to the Ohio Rehabilitation Services Commission.

Over the last 5 years here in Ohio, more and more of the delivery of industrial rehabilitation services have been provided by the private sector. Our State agency is no longer both the regulator and the sole provider of rehabilitation services.

An analogy may be appropriate here that the State/Federal system of rehabilitation services might be more efficient and effective if it were not the sole provider of services to Americans with Disabilities. A critical component of H.R. 1385 is new language that provides for informed choice through the rehabilitation process. In addition to consumers having the right to select an employment goal and a choice in services needed to reach their goal, consumers should be able to choose from who they would like to receive services, no longer being limited to just State Vocational Rehabilitation agencies. Individual choice simply increases involvement and the quality of services provided. The Employment and Training Subcommittee should explore the need for and value of allowing the private sector to compete in the area of rehabilitating Americans with disabilities based on cost, quality, and outcome.

There is a national organization that represents the interest of rehabilitation professionals who work in the private sector. The National Association of Rehabilitation Professionals in the Private Sector (NARPPS), based in Boston, MA, represents over 3,200 rehabilitation providers in the private sector across all 50 states. I am a past President of this Association.

NARPPS agrees with you that changes are necessary in the more than 150 Federally funded training programs, including the State/Federal vocational rehabilitation program. We believe that the current climate represents a historic opportunity to instill needed change into a system that has, to date, been inefficient and insufficient in its provision of vocational rehabilitation to persons with disabilities.

A GAO study, published in August of 1993, demonstrated at best "mixed" evidence for the effectiveness of this program. In contrast, the private sector has a proven history of providing cost effective and successful return to work outcomes within the insurance industry. In fact, the private sector continues to exist and prosper specifically because of its ability to return individuals with disabling conditions to gainful employment for a sustained period of time.

There have also been many successful cooperative partnerships between State Governments and the private sector in the areas of welfare, workers' compensation, unemployment, etc. One such program is currently being operationalized by Governor Voinovich with the workers' compensation system right here in Ohio. NARPPS believes that the role of government should be to assist and encourage persons with disabilities toward employment, but by

the same token, the system should include the private sector as an expanded and successfully proven option.

Your colleague, Congressman Jim Bunning, who is chairman of the Subcommittee on Social Security of the House Committee on Ways and Means, has proposed just such legislation. He wants to incorporate the private sector into the spectrum of services available to persons receiving Social Security Disability Insurance (SSDI). This legislation is significant to your committee because SSDI beneficiaries are automatically eligible for services through the State/Federal program. If this legislation becomes law, a system will be established to provide services through the private sector to many of the same clients presently being served through the State/Federal program. This legislation has been endorsed by NARPPS.

In conclusion, the current system was established with the right intention and State Vocational Rehabilitation professionals are some of the most dedicated. In fact, many of our members got their start with State agencies. However, due to the sheer scope and magnitude of the issue, State Vocational Rehabilitation agencies cannot do it alone.

The private sector has a long and proven history of providing cost effective and successful return-to-work outcomes within the insurance industry. In fact, the private sector continues to exist and prosper specifically because of its ability to return individuals with disabilities to gainful employment over a sustained period of time. We would now like the opportunity to apply this success rate to consumers of the State/Federal rehabilitation system. The only true losers if such a plan is not developed are the consumers.

I respectfully offer the following three recommendations as you consider reauthorization of the Rehabilitation Act:

No. 1, as chairman of the Subcommittee on Employment and Training, you consider requesting a follow-up to the 1993 General Accounting Office report on the State/Federal vocational rehabilitation program. In particular, an examination of ways in which the private sector can assist the government in providing return-to-work services to individuals with disabilities.

No. 2, that the Subcommittee consider the elements of Congressman Jim Bunning's proposal for a cooperative effort between the Federal Government and the private rehabilitation profession.

No. 3, that you and your staff feel free to use the services of myself and the NARPPS membership as a valuable tool in your efforts to improve the State/Federal vocational rehabilitation system.

Again, Senator, thank you for the opportunity to present today before the subcommittee.

Senator DEWINE. Thank you very much.

Mrs. Hermiller.

Mrs. HERMILLER. Mr Chairman and distinguished members of the Senate Subcommittee on Employment and Training, it is a privilege to have the opportunity to talk with you about vocational rehabilitation and the reauthorization of the Rehabilitation Act.

I am a rehabilitation supervisor with the Ohio Rehabilitation Services Commission (RSC). I was promoted to this position in April 1997 after serving as an RSC rehabilitation counselor for almost 9 years. It is from this perspective that I address you today.

In August 1988, I started an internship with RSC's Bureau of Vocational Rehabilitation in Cincinnati. I had completed the academic portion of my master's degree program and needed field experience. I came to the internship with a negative expectation. My counseling program has been a good one, but my impression of the government agencies that I would encounter was one of red tape and bureaucracy. I knew that I would not want to work for any agency such as this, but realized that I would need to know about its process and maze of paperwork so that I could best serve the clients I would encounter in the social service and therapeutic settings I expected to seek out for my "fulfilling" employment.

Although I expected a negative experience, it was actually the exact opposite—extremely positive. I quickly found that although RSC was an agency with bureaucracy, it also had a purpose—getting people with disabilities back to work— which had meaning and great value. I quickly became a strong proponent of our system and its mission, finding my "fulfilling" job where I least expected it.

Today, I believe even more strongly in what we are about. When someone asks me what I do, I tell them that I help people with disabilities become employed. As a counselor, I took pride and great satisfaction in my job. I think that assisting people in finding employment is one of the most rewarding jobs I could do, because work means so much to me. Society placed high value on employment and I see some of that pride and self-satisfaction in every one of the consumers I serve. As a recently-promoted supervisor, I view my job as doing whatever it takes to help our counselors get people into or back to employment. At this level, I still see and feel that same pride and satisfaction. I believe that we are a team, making our system work.

I want to address the vocational rehabilitation (VR) process and what it means at the direct-service level. When a consumer is referred to RSC for services, an intake appointment is made and I introduce the consumer to the system by providing information about VR rights and responsibilities, the process, etc., which is required by regulations. At that first meeting, it is typical for a consumer to sign several documents and receive a great deal of information. The person then enters the system, and we begin to establish eligibility. The streamlining of eligibility that has occurred to date has helped tremendously in the timeliness of getting consumers into vocational assessment, which is the real beginning of planning. While determining eligibility is not generally a time-consuming process, it is almost always overwhelming and confusing to consumers because of the amount of paperwork involved.

At the point that eligibility has been determined, planning begins. We then enter an assessment phase, the length of which is determined by the individual's situation, the disability, availability of information and other factors. A fair amount of redundant documentation is required before the Individualized Written Rehabilitation Program (IWRP) is written. For example, the narrative comprehensive vocational assessment (which has become something of a document in itself) is a compilation of information and case records that are already present in the case file. Synthesizing that existing information and creating yet another document is time-

consuming and frustrating to counselors. If I have already documented my progress with a consumer, and information including diagnostics, assessments and consumer activity is in the case file, that should stand as a running justification of the plan which is written. However, many decisions are delayed so that counselors can complete their paperwork.

One example of this is when a consumer comes to RSC with a clear understanding of his or her disability and limitations and a goal that includes either short or long-term college training. If that person enters the system close to the beginning date of the training program, our paperwork requirements and planning documents will probably delay his or her start in the program, thereby wasting several months that could have been used productively. This can happen even if the counselor, using skills and judgment, determines that the issues are clear and the process will be timely.

The following situation provides another example. From the first day I started my job, I worked with a consumer who has a severe mental illness. She is diagnosed with paranoid schizophrenia and has significant paranoid thinking, as well as obsessive behavior, even when she is stable on her medications. This woman was a candidate for supported employment and has had long-term involvement with the community mental health system. Her family support was dysfunctional and actually detrimental to her working, but she wanted a job.

I teamed up with her and her mental health case manager, and we tried job after job for her. When she tasted success, she quit taking her medications and her symptoms would recur. She lost job after job. I closed her case several times to give her time to establish more stability. Each time she came back, I had to go through all the paperwork again, writing up new forms and narratives about her situation. Although her circumstances were never very different, it took a great deal of time to get her into a new plan, and we both found this frustrating. The time delays would often result in behavioral episodes because she became so frustrated. I finally did close her case successfully in September 1996, and she is still working today.

The plan itself is cumbersome and overwhelming to consumers. In my years serving people with all types of disabilities and cognitive levels, I can recall very few who actually could tell me what the words in the plan meant following its completion. This was the case even after I spent several sessions with them working through objectives, services, service providers, cost of services, use of comparable benefits, beginning and ending dates, how progress would be determined, what their responsibilities were, whether or not they needed supported employment, their rights and responsibilities, their own documentation of choice and determining among alternatives, assuring that I had written the plan with them in a manner of communication they understood, and then asking them to sign it. This information is all contained in the plan and is required by current regulations. As you can see, it is highly cumbersome and—although the plan is the consumer's document—it is written in "rehab jargon" and not easily understood by those outside the system. It is not consumer-friendly.

A simplified plan is desirable. I have heard suggestions that such a plan might include the vocational goal, services to reach that goal, beginning and ending dates, responsibilities of the consumer and counselor (including rights) and the appropriate signatures. This type of plan might be one that I could use as a meaningful document with any consumer. The rigidity of the information that a plan must currently contain creates unnecessary confusion for those we serve. Their priority is to get to work; however, they sometimes see our priority as making sure we have all the right papers signed and in the case file. The time it takes to gather all the necessary documentation and the many sessions spent actually trying to make the planning document fit the consumer is time taken away from service provision. When the issues are clear, we must be able to move more quickly.

We are hired for good judgment and expertise in the field, and the ability to solve problems. We know what the outcome should be—we are working toward the goal of getting people to work. Instead of making the process more and more prescriptive, I suggest that we simply get the job done. Documentation is certainly important, but a running case record should provide all the information necessary to give credence to the direction taken by the consumer and counselor. The documentation must ensure the justification necessary to make that clear, without the formal narratives now required.

Best Practices. I have had the opportunity to sit on several counselor focus groups regarding best practices which lead to higher-quality production. It has generally been difficult to define a concrete picture of what that counselor would look like. Many of our comments concern using common sense and listening to the consumer. People come to RSC because they need guidance and counseling, which is our most valuable service. Successful counselors find ways around the paperwork to ensure that consumers are getting the services when they are needed, not when we have all the necessary documents in the file. Successful counselors listen to their gut and establish a real partnership with the consumers they see. They also establish partnerships with other community services providers and with the consumer's own support systems. They empower consumers to make decisions and provide honest feedback, even when it is tough to hear.

As a supervisor, I recently had the opportunity to review the case of a consumer who is now successfully employed and on whom we did not spend a single case service dollar. This person is a Russian immigrant who, shortly after entering our country, was involved in a motor vehicle accident that left her with a spinal cord injury and significant physical limitations. She was already dealing with great cultural differences, and now we had to factor in issues related to disability. When the woman was referred to RSC, she had no idea of what would happen. Her counselor spent hours helping her explore work options and accept the supports available in the community. (Because of her background, she had access to many services from the area's Jewish community.) The woman emphatically did not want "charity."

RSC coordinated the services and encouraged her when she was discouraged. We played a critical role in convincing this woman

that the services were there for her to become independent. Her goal was to work at a newspaper, and she was able to start at an entry level for a local paper, where she will have growth opportunities as her language skills and familiarity with the job increases. So, although RSC did not spend any case service dollars, I believe that without our involvement, this consumer would never have had any knowledge of the American labor market or the services available, and would not have taken advantage of those services.

In Cincinnati, I worked on a team which realized several years ago that we must change the way we do our jobs if we are to meet RSC's increasingly higher goals. We determined that, while the goals are a given, the way we perform our work could change. VR counselors have a very isolated job. They typically operate on their own caseload and may confer with their supervisor or another counselor on occasion. Counselors make tough decisions on their own and use a lot of energy second-guessing themselves or the consumers. Counselors must make sure they are covering all the necessary bases and empowering consumers, while helping them make realistic choices. The severity of consumers' disabilities and the realities of the labor market can result in some tough decisions.

Our team examined ways to decrease isolation inherent to the position, as well as ways to combine our energy to yield greater production while maintaining or increasing our high quality. We dispensed with individuals goals and created one team goal. We now staff our cases monthly and monitor one another's statistics, assigning two or more counselors to a consumer if a situation were particularly difficult. We discuss difficult cases and decisions weekly and stand by decisions of the team. We make forms for everything possible. For example, the whole office uses the same form letters so that extra time is not taken up continually writing new versions.

We developed a form for the comprehensive vocational assessment, which is used as a guide and is personalized to each consumer. This form includes all the areas which must be addressed prior to planning. We transfer cases that are not moving forward and we hold one another accountable to the decisions of the team. The result of all this is a huge decrease in wasted energy from avoidance of tough decisions, second-guessing those decisions and allowing situations to stagnate. Our caseloads became more active and have resulted in higher production. We feel we have the ability to change our jobs to make the process more efficient.

A question seems to have arisen around the issue of most severe disability (MSD). I can say with absolute certainty that in Ohio, we are serving people with the most severe disabilities. We have a steady stream of referrals who are severely mentally disabled, have traumatic brain injury, significant orthopedic impairments and developmental disabilities. Many people we serve have multiple disabilities and all require and receive multiple services over a period of time. We have three criteria upon which we base that determination and which address substantial impediment and functional limitations imposed by the disability. With them, counselors use their judgment to make a determination and prioritize consumers.

I realize that there is discussion of a way to create some national uniformity in this process. In Ohio, it might mean that more cri-

teria would be placed in front of those which already exist. It seems that this would create more prescriptive procedures at a time when you are streamlining our process. We in Ohio are determining MSD and serving those individuals. I ask that the changes you consider in this area not make my job harder by adding more paperwork. Here, too, counselors have the ability to make the judgment if empowered to do so. People who come to RSC and are eligible come for our expertise. That is often hidden in the process.

Counselors and consumers work together to determine a goal and then plan services. Make this process as simple as it can be. If the services are straightforward and clear, the plan should simply State them. When more issues must be considered and more services are needed, the plan should be developmental, and then we must be able to address issues step by step. Both parties need to clearly understand their responsibilities. A simpler plan will ensure that consumers have more informed choice because their understanding will be greater. It will also provide more timely services and cut down on the plan changes which require even more paperwork.

Last year, I worked with a young man who came to me with substance abuse issues, paranoid schizophrenia and some learning problems. He felt that he was stable on medication and thought we could help him overcome some of the learning problems he had experienced in high school, if we had a good assessment of them. He had not completed high school and was trying to work on his GED, and he wanted to discuss further academic training. As we assessed his situation, we found that, with further training, he appeared to have the ability to improve his work skills (he had only worked in fast food jobs).

However, it was difficult to establish any vocational goal or service options involving training because the young man was still drinking alcohol and smoking marijuana. He attended Alcoholics Anonymous meetings and felt that if he quit drinking, he could still smoke and not have a problem. He has a great deal of potential but we had to address the substance abuse issues first. Timing was critical because he needed to feel that he was moving forward in order to maintain motivation for a sobriety plan. With his mental health case manager, he and I developed a plan that primarily dealt with his sobriety and management of disability. He did not technically have a vocational goal yet, but we had written agreements regarding future plans if he maintained step-by-step success.

Had I planned a long-term program for this individual, including all the steps that I knew would be in his plan, he would have been so overwhelmed that I question how long he would have been able to stay sober. By developing a step-by-step plan, not necessarily following the rules and establishing a goal and including all anticipated services, he was able to focus on the step he was taking at the time. He will be able to plan each step accordingly and he and his counselor will truly be partners at each of those steps. I believe that this consumer will be successfully employed when he is ready, but it will take several separate stages of planning to get him there.

As a counselor and now a supervisor for the Ohio Rehabilitation Services Commission, I have found this to be a great system in

which to work. We get jobs for people with disabilities. We are asked to achieve greater goals each year and we are doing what we can to rise to the occasion. It is an exciting time to be involved in vocational rehabilitation because of the changes that can occur and the impact we have on employment of people with disabilities.

I feel empowered to be creative and take risks in doing my job, in order to accomplish RSC's mission. You can now have a greater impact on that by streamlining even more of the process. We are partnering with consumers and community resources to work toward "more job, better jobs." You can help us get there more effectively.

Senator DEWINE. Thank you very much.

(The following is an excerpt of the hearing already in progress:)

Mrs. HERMILLER. —or most severely disabled criteria.

Senator DEWINE. But are there people out there who are coming in to you who you refer out, or there are some people that are simply not getting served; in other words, they don't fit your criteria, they are not severely disabled, not most, not either one. OK. So they are not either one of those categories. Now, are some of these people just dropping off, or are you able to link them?

Mrs. HERMILLER. I think we are fairly successful in linking them to other resources where they exist. I think that, again, many times, if a person is not considered severely disabled, their issues are probably not work related and there are other community resources that maybe will benefit the individual.

And again, I think we play a critical role in linking them, as well as the people we work with who are most severely disabled in community resources.

Senator DEWINE. What is the practical result of the language in current law, which no one proposes to change, make that clear, very clear, that says serving just those individuals with the most severe disability with the criteria established by the State, not just in Ohio; you all have national experience.

Mr. RABE. The result nationally is that you get into a position like that because of lack of resources. Order of selection is lack of resources.

What happens is you narrow the number of folks who come into the agency in terms of getting services, so that you can provide services based on a priority basis. So those States who are in an order of selection are providing services in some cases to a smaller field of potential candidates than another State.

Not every State honors selection national, so some say they serve everybody who comes into the front door within a certain time period, and I think eligibility says you have to address those folks within 60 days.

But what happens is that some cases where you have got a narrow definition of most severely disabled, your field of folks that you have access to is small, so you are going to end up serving fewer people probably at a higher cost and getting fewer folks jobs.

And I would add, just this is an Ohio perspective, if you took order of selection out of the bill, we would be very happy about that. We would support that.

I think Commissioner Parks testified in a motion it is discriminatory, it discriminates against people with severe disabilities be-

cause you get into arguments about who is most severely disabled. You can probably argue that forever, whether someone with severe mental illness, someone with a physical disability is worse than someone with quadriplegia and drug or alcohol problems. All of those folks are serious.

And in some cases, you try to reach out to as many folks, as many groups as possible. And I think order of selection was a response purely to a resource question and begs the question of the purpose of the Act, which is to find people with disabilities regardless of severity jobs.

Senator DEWINE. Again, this is not suggestible, what would be the effect if that was no longer a part of the law? How would it work in the real world if that wasn't in the law?

Mr. RABE. I think that some discussion we have had would be you have to have some priority setting which could be as easy as whoever comes into the door first.

If you come in on Monday, you are ahead of the folks that come in on Friday, which would make it an easier system to administer, certainly. And as long as the State agency is responsible for reaching out to as many groups as possible, which is the key, not excluding whole groups of people, but reaching out to them, I think that would answer that question, but you need to have some process simpler than the current process, which is, as we can see here, is very complicated when you get into that definition. I am not sure everyone in the room would agree with me on that.

Mr. GROWICK. The bottom line is how long of a waiting list is there and how long do people who want services have to wait for them. And again, that's called the penetration rate.

Part of the problem, when there was a sole State agency providing rehab services to the industry indigent in Ohio is that there was a long waiting list. It was paramount in that situation that the State agency react to the injured workers as quickly as possible because the clock is ticking and employers are paying TT, temporary total disability.

That is not the case here, obviously, but we still have public citizens with limitations and disabilities in our country who unnecessarily have to wait for services and who are not receiving them. Yet, you have this industry out there that does an extremely effective job, but the bottom line is return to work, which is employment. That's why this is vocational rehabilitation and not medical rehabilitation or any other kind of rehabilitation. This is about jobs and, again, about getting people, part of the fabric and participating in our society, and private sector rehabilitation has a proven history of helping.

Senator DEWINE. Any other comments? Well, I think we have received some very specific, as well as some general comments and suggestions that will be very helpful. I appreciate your testimony very much.

Mr. RABE. Thank you, Senator.

Senator DEWINE. We will ask our second panel to begin to come up and take about a 60-second break here and the second panel is up.

Before I introduce our second panel, let me State in general, I realize that in a hearing like this, maybe people who are here

would like to, at this point, maybe people who would like to make comments. We are strictly limited in time.

So what I would encourage you to do, there are several members of my staff who are here. I would simply encourage you to contact any of them or to send us a letter or to make a phone call to us. We welcome your input.

We are in the process of working with the other members of the committee, other members of the Senate in drafting this legislation. So if you want to react in any way to any of the comments that have been made or you have specific comments or suggestions, we would welcome those comments.

Let me introduce now our second panel and welcome them. Barbara Corner has had some type of visual impairment ever since she can remember. Not long after her graduation from law school, she lost her vision entirely. She is licensed to practice law in New York, Alabama and Ohio and has spent the last 4 years as a client advocate for the Ohio Client Assistance Program.

Our second witness on the second panel is Ms. Katina A. Karoulis, who has been the Community Employment Specialist for the Ohio Department of Mental Retardation and Developmental Disabilities since 1987, currently provides training and technical assistance to members of the Ohio Support Employment Infrastructure.

And our third witness is Claudia Bergquist, who is a regional member of the National Association of the Deaf, as well as its Committee Chair on Education and Human Resources. She has also served as the first deaf Commissioner of the Ohio Rehabilitation Services Commission.

We will start now with Barbara Corner, and we are going to follow the same basic format that we followed in the first panel, and that is I will invite your comments, take comments of all three of you, and then we will open up for some questions and general discussion.

STATEMENTS OF BARBARA CORNER, CLIENT ADVOCATE, OHIO CLIENT ASSISTANCE PROGRAM, COLUMBUS, OH; KATINA A. KAROULIS, COMMUNITY EMPLOYMENT SPECIALIST, OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES, COLUMBUS, OH; CLAUDIA BERGQUIST, PRESIDENT, OHIO ASSOCIATION OF THE DEAF, COLUMBUS, OH

Mrs. CORNER. Do I have a microphone?

I would like to thank you for this opportunity to testify. As you have said, I worked for almost 4 years for the Client Assistance Program, and I will really love my work because I find a lot of my clients really inspirational, and there are a lot of terrific counselors out there, too.

The Rehabilitation Act contains a lot of services, and people with disabilities, if they are going to be employed, need this diversity of services not only for vocational rehabilitation but independent living and also various forms of advocacy services.

I have been a client of vocational rehabilitation in the three states I am admitted to practice in, and I have worked in each of those three states as an attorney.

Up until 12 years ago, I had a visual impairment, but I could read and I could see where I was going. I had some surgery, and I lost the remainder of my sight, including light perception, within 6 weeks, and my doctor told me that I would not see again and sent me home to my family, which consisted of my husband, who was a full-time medical student, my three little boys, who were ages two, four and seven. And I was, of course, devastated and terrified about my future, and I couldn't believe this had happened to me.

But I was really motivated to find some way back of being able to be a mom to these kids, because I figured I was their mom, whether I was sighted or blind, and they had the right to have someone who could nurture and love them. And eventually I did make it back to where I could take care of my family and had control of my life and eventually made it back to working.

And I think a number of things were key to that. One was I was extremely motivated, and I kept myself focused on my goals, which is pretty easy when you have a little boy saying, "Mom, I need breakfast." You can't say, "I have to wait for the State agencies to come and teach me how to do it."

Also, I ended up going to a rehab center learning the skills of blindness and learning—I mean, being forced to make peanut butter and jelly sandwiches for four people and ice cream sundaes, which I flunked, where they wouldn't take no for an answer. It gave me a great deal of self-confidence. And it is important to have self-confidence to try to sell yourself to an employer.

Also, I was very lucky. I had a wonderful support system of friends, family, but most importantly other people with disabilities who had survived similar struggles and could serve as role models for me. And a lot of these types of services are ones that are incorporated in the Independent Living Services which is part of the rehab and those services. And those Centers for Independent Living which are consumer controlled are extremely important to provide peer counseling and role models to other people with disabilities.

I also got services from the Profession and Advocacy of Individuals Rights. They helped me get the accommodations I needed to take the Ohio Bar Exam, which was the only of the three bar exams I took after I lost my sight. I only have 47 more bar exams to go (laughter). But as the result of their intervention in helping me, I took the July 1995 exam, and I came in the top 13 percent of over 1,000 people who took it.

They also helped with other access issues, like getting accessible housing and transportation, all which are extremely necessary if people with disabilities, particularly severe disabilities, are going to work.

Also, working for CAP, I handle between 40 and 50 cases a month. Most of these involve dispute resolution. As was mentioned earlier, choice is a key element of the VR program, and it is very important for people with disabilities that they do have a choice in terms of their vocational goal and the training program because it is that personal involvement that is going to help motivate them to be successful.

Some of the cases I have handled through choice was a lady with a visual impairment who had—her vision had decreased, she could no longer work in a factory, she left an abusive marriage, and she wanted to go to secretarial school and a VR counselor kept trying to test her and test her further, and we convinced the area manager that this woman's motivation was going to get her wherever she wanted to go.

There is currently a number of cases that we have around the State involving college students who choose to attend private college; like, for instance, someone would choose to go to Ohio Northern rather than Wright State. The law in Ohio is clear they will only get the amount of money that would have paid for Wright State, all other things being equal, but they still have to go through an appeal process, which scares them and their parents, in order to get that.

Two things that I think need to be changed in the Rehab Act is that I think it used to be in the State that people can appeal any decision, even delay in services, and that all decisions and rights to appeal must be given in writing to the consumer before they can start—before the time in which the appeal can start to run, because I have had people who have lost their rights to appeal, they got told that orally and information about whom to send their appeal letter, but they still lost it. Sometimes I was able to finagle things around and get it back. Also, people need to delay an appeal in services. I had a couple of clients who had to wait almost 2 years to get a computer.

I think this is important that as far as the IWRP goes, there may be ways of simplifying it, but it still needs to involve consumer choice and a consumer learning about what other options are available, and it still needs to be a written document so that everybody understands where they are.

CAPs nationwide serve about one percent of all VR clients, so it is important that we be funded. Because we serve people throughout the State, we are in the position to know about systemic issues that are working with the VR agency can save them time and money.

And the VRs, as Mr. Rabe said earlier, the VR, rehab currently stipulates 1.5 percent of the VR agency funds be used for planning, and for Ohio that is too much money.

In conclusion, I would like to thank you for the opportunity, and we view the Rehabilitation Act as containing a number of services key for people with disabilities who attain their right to participate in American society because we see this as a civil rights movement where we can be—our worth as a human being can be determined by who we are as a person regardless of disability, gender or race. Thank you very much.

Senator DEWINE. Thank you very much for your testimony.

[The prepared statement of Mrs. Corner follows:]

PREPARED STATEMENT OF BARBARA CORNER, ESQ.

Mr. Chairman, and distinguished members of the Senate Subcommittee on Employment and Training. Thank you for the opportunity to provide testimony and some personal feelings regarding the Reauthorization of the Rehabilitation Act.

My name is Barbara S. Corner and I am a client advocate with the Ohio Client Assistance Program. I have held this position for almost four years. I have also been

a consumer of vocational rehabilitation services in three (3) states, New York, Alabama, and Ohio. I was sighted but considered legally blind until twelve years ago when I lost all of my vision. I attended college and law school in New York State. I worked there as an attorney before moving to Alabama where I also took and passed the bar exam. I then went to work in Alabama and it was there that I lost the remainder of my vision. I eventually moved to Columbus and was admitted to the Ohio Bar in 1995.

I am the First Vice President of the American Council of the Blind of Ohio and a member of the ADA-Ohio Steering Committee. I am also on the PAIR grant advisory committee.

I have previously been on the executive committee of ADA-Ohio and on the Guide Dogs for the Blind Graduate Advisory Council.

In addition to being an Attorney, I am also a mother of three teenage boys. My background and experience gives me a unique understanding of the needs, hopes and desires of persons with disabilities. I would like to use my experience to help explain what persons with disabilities need to be fully integrated into society and the labor force.

People with disabilities need a diverse mixture of services to achieve this lofty goal, and this is what the Rehabilitation Act has provided. The combination of vocational rehabilitation and independent living services are key programs necessary in order to successfully become an integrated and productive member of today's society. I believe that what this law provides is essential for people with disabilities to attain these goals.

Let me talk about these services for a moment and try to give you some of my insight. Vocational rehabilitation services include programs that help assess an individuals specific needs, train an individual in job seeking skills, teach people how to cope with supervisors and co-workers, further a persons education to help them maximize their potential, and finally help people find and keep a job.

Independent living services would include those skills needed for a person to be able to cope with their disability, and independently participate in their communities' activities and programs. Some examples would include such things as how to manage personal care attendants, how to obtain groceries and cook meals, how to move around the neighborhood to get to the store and/or Church, etc.

The bottom line is that in order to be successfully employed a person, with or without a disability, needs to be comfortable in who she is, feel good about him/her self and be motivated to succeed no matter what hurdles they encounter along the way.

In my opinion you cannot separate independent living from vocational rehabilitation and employment. Let me give you an example of this.

When I first lost my sight, I went home to my husband and three children aged 2, 4 and 7. I knew in my heart that before I could resume my legal career, I needed to be able to cope with my household and daily living tasks. It was a long and sometimes bitter struggle but once I acquired the skills I needed to take care of my family and myself, I was ready to go back to work. I knew that before I could even think of tackling the task of looking for a job, I had to feel comfortable about my ability to take care of myself, dress appropriately for work, travel without the benefit of sight, etc. In other words, before I could be ready for employment I had to be comfortable with my disability. This gave me confidence and allowed me not to focus on disability related issues when hunting for a job. Because of this I was able to concentrate on marketing myself and finding a job.

For me, the keys to developing enough self confidence to obtain a job included becoming comfortable and trained in the skills of blindness, and developing a strong peer support network of persons with disabilities who had similar goals.

As is true for persons without disabilities, an important quality in determining who will be successful in today's society is the ability to act independently and maintain ones motivation.

The Centers for Independent Living throughout the country are consumer controlled entities which strive to teach personal advocacy and independent living skills. The leaders and staff of these centers serve as role models to other persons with disabilities who strive for independence and employment.

The Rehabilitation Act needs to be amended to provide direct federal funding to these centers and to give the Statewide Independent Living Councils the power to have control over their own operational funds and sign off on their own three year plans.

The Act's current provisions which give such power to the vocational rehabilitation agency smells of paternalism.

In order to help ensure these factors I believe that The Rehabilitation Act should require that each state agency adopt a person centered planning mode of operation.

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After all shouldn't all people be able to determine their own path in life? The person with the disability should be the leader of a team composed of family, friends, advocates, and the vocational rehabilitation counselor. That person, the consumer, should be the guiding and driving force behind how the team operates. The experts or professionals should provide advice and technical assistance but the consumer, if she is to be fully integrated into the work force and society, needs to be the leader, and motivate and inspire the team. Another member of the team might be a staff member from the local center for independent living. This person could very often serve as a role model to the consumer.

In my current position as a client advocate, it is my job to advocate for the services my clients need in order to become successfully employed. My general approach is to find out who my client is, and what his/her hopes and dreams are: goals. I then help identify the consumer's barriers to reaching these goals. My own background gives me a unique perspective which allows me to understand the vocational rehabilitation system and a person's internal struggles which accompany the process.

Let me explain the four types of services that Client Assistance Programs offer. Then I will go through the vocational rehabilitation process and explain the problems I see and have personally experienced. I will also make some suggested solutions that will help eliminate these problems.

The four services that are offered by CAP's are information and referral, dispute resolution, systemic advocacy and outreach to underserved populations of the state Rehabilitation department.

As part of our information and referral service we receive calls from persons who have questions about any aspect of disability. Our staff fields those calls and makes the appropriate referrals. In this regard we get many calls from parents of children with disabilities who are struggling to obtain the accommodations their children need in order to succeed in school. We refer these calls to other advocacy groups specializing in offering support to these parents and/or having specialized knowledge about that particular disability. In many cases our office refers people to the Centers for Independent Living around the state. These centers are uniquely qualified to answer questions about social security and Medicaid benefits, adjusting to disability, and the resources available in the local area. We have also referred many people to community mental health facilities for case management and counseling services to assist when appropriate.

The primary focus of my job, and the majority of my time is spent providing dispute resolution services. These cases involve some issue between my client and the vocational rehabilitation service. Our office averages approximately 150 open cases per month and I normally handle between forty and fifty of these cases, which originate from around the state.

My general approach is to talk with the client and the counselor so that I can understand the issue, and then try and come up with a solution. Since this is the bulk of my work, I will go into more detail about the types of cases I handle, when I describe the vocational rehabilitation process, in a moment. Let me complete my discussion of CAP services first.

Because our office handles cases from around the entire state, we often see a pattern of problems. When we see such a pattern, it is our job to work with the state agency to identify the problem and resolve the systemic issues. Thus, our third service and priority is systemic change.

One of the problems I see in trying to resolve these systemic issues is that our CAP Administrator has no formal role from which to discuss these systemic issues with the VR agency.

The Rehabilitation Act states that the CAP Director shall be consulted on issues of policy. In Ohio, we do not have a SRAC as our Rehabilitation Services Commission is considered to be "consumer controlled". There is no formal mechanism or requirement that the CAP's be consulted on agency policy. Let me give an example of how this lack of a formal relationship is costing the taxpayers a great deal of money.

Several years ago, Ohio CAP litigated a case in court. The upshot of which was that if a person with a disability elected to attend a private college, vocational rehabilitation funds could be used to pay for that private college, but only at the rate that would have been paid to attend a state school. This is true only if there is no disability or vocationally related reason for attending the private college.

An example of a disability related reason is where a student with a kidney disorder needed to perform dialysis five times a day. The consumer was permitted to attend a small private college where the dorm was just across the street from the sole building where classes were held. The other exception is where no state college offers a program in the vocational field of the consumer's choice.

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Thus, when the only reason that the consumer has for attending the private college is consumer choice, the agency must pay for it but only at the level it would have paid at a state college. We have numerous cases on this issue because the agency has never implemented the court decision. The agency does not give the local vocational rehabilitation counselor the power to write a plan for the consumer to attend a private college. The only way the consumer gets such a plan is through the appeal process, which is expensive and time consuming. In the end, all of our clients were given the state amount to attend a private college. Time and money could have been spared had the state agency been required to consult Ohio CAP regarding policies relating to consumer services and the delivery of these services.

We have seen many other systemic issues in such areas as selfemployment, home and vehicle modifications, and the provision of services to people with learning disabilities. This issue could be easily resolved during this reauthorization process.

The last area of CAP services is outreach to underserved populations not receiving services provided under the Rehabilitation Act. The Act mandates that efforts be made to provide services to the unserved and underserved populations of persons with disabilities. As part of these job duties I have given talks about OhioCAP, the Americans with Disabilities Act, and coping with a disability to a group of farmers in Toledo, persons with multiple sclerosis in Dayton, and as part of a panel in conferences in Cleveland and Columbus. I've also sat at many kitchen tables in rural areas discussing needs and issues of clients and visiting nurses.

These people in turn gave our brochures to their other patients who were interested in vocational rehabilitation programs and services.

The Ohio CAP Director and staff understand that resources are scarce and we therefore have endeavored to work with many other groups in our state to improve the lives of people with disabilities. We regularly share ideas and strategies for achieving our goals with the Ohio Rehabilitation Services Commission, the Statewide Independent Living Council, the Developmental Disabilities Planning Council, the Governors' Council on People with Disabilities, the National Federation of the Blind of Ohio, the American Council of the Blind of Ohio, ADA-Ohio, and our state's protection and advocacy PAIR grant staff. We all believe that we are involved in a civil rights struggle which seeks to integrate people with disabilities into every facet of American life.

We see this as just a logical extension of the struggles for civil rights engaged by blacks and women earlier in this century. Our goal is to have every person valued for who they are regardless of race, sex, ethnicity or ability.

Now let me walk you through the vocational rehabilitation process and discuss the bulk of my work, which is providing dispute resolution services.

The Rehabilitation Act should be amended to simplify the eligibility process as much as possible. The disability should be proven in the easiest and simplest method possible, for example by observation. For example, when I moved to Ohio, my vocational rehabilitation counselor came to my new home for the first meeting. He rang the doorbell, and it took me several minutes to navigate through my new basement and then find the front door. It was obvious that I was home because my guide dog was in the front window. We both laughed when he asked me to sign a release form to obtain information form my ophthalmologist to prove that I was blind!

Our office handled a case of a parole officer who was a quadriplegic. The agency had at first found him ineligible for services because all he said he wanted was a van modification and the Act mandates that a consumer ask for more than one service. Our office was able to reverse that finding but then the agency determined that he did not have a severe disability. We were able to successfully advocate on his behalf and he eventually received the necessary services.

I believe that The Act needs to define the terms "advance ","maintain", and "retain " employment. Periodically if a person needs services to maintain their job, the agency will not find them eligible unless they are in danger of actually being fired.

In one of my cases a woman who was blind had been successfully placed as a computer programmer. The stipulations of the job offer were that she complete her college program and obtain a Bachelor's Degree. She needed vocational rehabilitation services to obtain a computer that talked so she could complete her coursework. Even though there was evidence that her job was offered to her on the provision that she complete her degree and that her company was downsizing and without this degree she would not be competitive, the agency refused to find her eligible for services. We were at the point of taking this to a Formal Hearing, when the agency finally reversed its position.

The Individualized Written Rehabilitation Plan (hereinafter IWRP) is the document that lays out the vocational goal, the services to be provided, the service providers, the consumer's contribution, the consumers responsibilities, etc. It is the document that charts the course to employment.

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The Rehabilitation Act should be amended to simplify the IWRP process for those consumers who know what they want and need few and/or known services to get there. It might be that the IWRP could just be written as an agreement and the consumer given a voucher to procure the needed services. The agreement could provide that the counselor check back with the consumer every three months until the case is closed.

We have had several clients who knew what services they needed when they applied for assistance. The agency could have used this contract to provide services instead of spending time and money doing a comprehensive vocational assessment, and paying consultants to tell them what the client said in the first place. There could be a monetary limit on when this option is available. We had one client with a visual impairment who just needed a few low vision aids like magnifiers and a CCTV, who could have used this option. We have had another consumer who just needed updated computer equipment for her graphics business. Had she been able to use this voucher and obtain those services herself, she would not have lost a big customer by the delay caused by the vocational rehabilitation agency sending out an IBM computer consultant to work on a MacIntosh system.

A second option might be to allow the consumer to write his/her own IWRP and just have the counselor approve it. This would have worked for many of our college students whose high school records indicate they are obviously college material and who know what college they wish to attend, and what they wish to study. Had the agency just given them a figure on the amount they would have spent on a state college, the consumer would have been perfectly capable of completing the IWRP process himself.

This would have worked very well for a woman with a visual impairment who had to stop working in a factory because of her deteriorating vision. She had also recently left an abusive marriage and was just starting out on her own. She had gotten impatient with the endless tests that her vocational rehabilitation counselor had put her through to see if she had the aptitude for school. This woman could see to drive in her local area during the daytime. She knew she needed to work since she could not count on her ex-husband to pay any spousal support and besides she was in her early forties and wanted to make the most of her remaining productive years. She had found a small secretarial school about one half mile from her house. The staff of the school agreed to accommodate her need to have all he classes scheduled during the daylight hours. Her counselor wanted to send her to a state school in the next city, and have her live in the dorm, but first the VR Agency required test results that showed that she could succeed in an academic program. The lady was so motivated that she had enrolled herself in school and was making grades of A and B. After our intervention, the Area Manager understood that his lady's motivation and positive attitude and desire to succeed would overcome any obstacles, and agreed to help her with school and provide her with technology to assist with her education.

The planning that goes into producing the IWRP should not only look at how the consumer could be employed in an entry level job in his/her field, but also look at planning a career for the consumer. The career planning can be encompassed in postemployment services, which I will talk about in a moment.

However even when this option is selected, the idea of instituting some type of a voucher system would empower the consumer to wisely choose the service providers if she so desires, and truly give the consumer a choice in their vocational rehabilitation program.

It is important that the Rehabilitation Act maintain and even strengthen the concept of consumer choice. In my own case, when I started working at Ohio CAP, I inherited a computer that could talk, but had different software on it than I was used to using. I decided that I wanted this computer to use the same software that I felt competent to use. I wanted to spend my time doing my job, not learning new software. A more complicating factor was that my computer had a network card to hook it up to the state main frame. The other Ohio CAP staff only had dumb terminals and used the mainframe for their word processing and e-mail functions. I won't tell you the stories of the various computer "techies" who tried solving my computer woes. Finally, a new consultant came in and asked me a few questions to determine my needs. I was impressed because he asked the type of questions that showed me he understood that my goal was to use my computer to do my job as quickly and efficiently as possible. We worked together for several months, and this enabled me to use macromerges to quickly generate a letter to any client or counselor on my caseload. Unfortunately, this same consultant has worked with other people who weren't as satisfied with his services. It just shows that you must trust the people you work with and that is a matter of personal choice and preference.

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When a consumer is not satisfied with a decision made by the VR counselor, she can file an appeal. Let me now discuss some changes to the Rehabilitation Act concerning the appeal process.

The consumer should be allowed to file an appeal concerning any decision in the VR process, including a delay in making a decision and/or providing services. I have handled a few cases where it took the agency almost two (2) years to purchase a computer for the consumer. The delays kept necessitating new computer evaluations because the computer field is constantly changing and the bids from vendors are only good for ninety days. Knowing that a consumer can appeal a counselor's failure to provide timely services will surely help many consumers obtain more timely services.

The time in which to file an appeal is determined by state law. However, the Rehabilitation Act should be amended to state that the time period begins when a consumer receives a written notice of the decision together with a description of the appeal process in accessible format. Accessible format means that a blind person would receive this notice on tape or in Braille. In other words the notice needs to be given in a format that the consumer can read.

In Ohio, the agency has taken the position that the time for appeal starts when the consumer learns of the decision. I had a case a few years ago where the counselor told the client she was closing his case in the middle of September. In the first week of October the counselor mailed out a written notice of this decision together with the address of the person to whom the appeal needed to be sent. This letter was returned and then later mailed out to the client's correct address in the middle of October. The client received the letter about thirty days after he had been verbally told the case was closed. He filed an appeal but the agency threw it out for not being filed in a timely matter. The case record showed that he did not have the address and information about how to file the appeal until the third week in October, but the agency insisted the period in which to file the appeal started in September.

In Ohio, an appeal needs to be filed within thirty days, as mentioned above. It is recommended that the Act be amended to extend the appeal period when the Client Assistance Program is involved. We cannot begin working on a case for a client until we have written releases from the client. Because of the short appeal time, many times we end up filing an appeal to preserve the client's rights even before we have investigated the case to see if the client's position has any merit. We want to resolve the disputes we handle as quickly as possible and at the lowest level possible. If this amendment were enacted, we would have time to do that.

Now, because an appeal is filed, the very least that happens is that more agency personnel must travel from sometimes several parts of the state to meet and try to resolve the issue. We are just asking for the opportunity to try and resolve the dispute by speaking with the counselor, and maybe the VR supervisor before embarking on a more costly appeal.

If the Informal method of resolving issues on appeal fails, then the next step is a Formal Hearing held in front of an Impartial Hearing Officer. (I.H.O.)

The Rehabilitation Act states that a consumer of vocational rehabilitation services may be represented at such a hearing by an attorney or advocate of his/her choice. In Ohio these hearings are linked to Rule 119 hearings, which prevent people from choosing a representative other than an attorney to represent them. The first time this was used was when the mother of a college aged consumer tried to represent her daughter. At the Formal Hearing the Attorney General suddenly said that an attorney and not the mother, could represent the consumer.

The Independent Hearing Officer should be trained and paid independently of the vocational rehabilitation agency. The training should include disability awareness, assistive technology, and an understanding of the independent living philosophy.

It is important that the I.H.O.'s truly understand how people with disabilities can work in order to be able for her to render fair decisions.

The Rehabilitation Act should be amended to take away the Director of the vocational rehabilitation agency's power to overturn decisions of the I.H.O. in favor of the consumer.

The Rehabilitation Act should be changed to reward the counselor for the quality of the closure as successfully rehabilitated. As it stands now, counselors are rewarded for a competitive closure if the consumer is still employed after ninety days. The Ohio statistics show that the average wage earned is $6 per hour and the average number of hours worked per week is about thirty. The counselor should be rewarded based on the quality of the closure in terms of the pay, hours worked, severity of the disability and possibility of advancement.

People with disabilities, like everyone else, want to be able to move up in their careers to jobs with higher pay and more responsibilities. The agency now feels that

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they are successful if they place consumers in entry level jobs. People with disabilities want families too, and need to earn the money to support them as well as their additional medical expenses.

Counselors now are rewarded for the number of successful closure they make. They have a quota of how many closures they need to make in a fiscal year. This rewards them for trying to push as many consumers through the system as quickly as possible. With the emphasis on serving persons with more severe disabilities, this is not realistic. Perhaps the counselor should not be fully rewarded unless the consumer is still working nine months after the placement. This would put the Rehabilitation Act in accord with the social security nine month trial work period for social security disability income payments.

The Act's provisions on post employment services should be changed to mandate that services be provided to people who wish to advance in their employment.

The philosophy behind the Rehabilitation Act is to integrate persons with disabilities into work settings and all other segments of society. Yet there are disability related reasons why persons with disabilities cannot advance in employment. Statistics still show that most persons with disabilities are still underemployed if not unemployed.

For an example, let's take the case of a person like myself who is totally blind. When I was looking for work before, my vocational rehabilitation counselor contracted with a job developer to help me search for a job. This job developer provided me with the needed services of reading the job listings, completing job applications and proofing my resumes. All these integral parts of the job search involved sight. She was also available to help transport me to interviews if necessary. Once I was hired, I was given orientation and mobility lessons to help teach how to find my way around the downtown area, where my office was located, and how to find the bus stops, ladies room, etc. Were I to try and advance in employment and look for a position that required a law degree and admission to the Ohio Bar, I would still need those type of services. There is no requirement that they be provided.

There are many persons like myself who have the talent and ability to perform in other jobs, but have to overcome disability related barriers before making that step to more advanced and/or higher paying positions.

In order to provide effective and timely services CAPs need to be adequately funded. Statistics show that CAPs work with approximately 1 percent of VR consumers. I highly recommend that the CAP program Formula Grant be changed so that the required advocacy services could be obtained to ensure timely and effective services.

The Rehabilitation Act currently provides that states use about 1.5 percent of their allotted funds for planning. In states like Ohio that is not necessary. The money would be better spent if a percentage of it were given to CAP. CAPs are in a unique position to determine the systemic issues that are emerging all over the state. Because of this perspective in many situations, the CAP can actually save the state time and money.

It has been mentioned that there is talk of amending the Act to provide means test for determining when consumers must pay for their vocational rehabilitation services. At present each state is free to determine if it will institute a means test or not. We are in favor of maintaining the status quo on this issue. Each state is in a much better position to decide what will best meet its needs based on its own unique structure, demographics, population etc.

The Rehabilitation Act contains many sections dealing with the various types of advocacy that persons with disabilities need in order to win their civil rights struggles and be integrated into every facet of American life. All of these advocacy programs CAP, PAIR, centers for independent living, etc. are important and needed. They each have a separate and distinct function that will help ensure that persons with disabilities have a share in the American dream and way of life regardless of race, gender, ethnicity or disability.

I am deeply grateful for the opportunity to share my thoughts, ideas and dreams. I thank you for your invitation and am always available to answer any questions.

Senator DEWINE. Mrs. Karoulis.

Mrs. KAROULIS. Thank you, Mr. Chairman, Gentlemen, for the opportunity this afternoon to be testifying today. My name is Katina Karoulis. I am the Community Employment Specialist for the Ohio Department of Mental Retardation and Developmental Disabilities, a position that I have had from the good fortune to serve in for over 10 years. I am also a founding board member of the Ohio Chapter of the Association for Persons in Supported Em-

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ployment, an organization of professionals, providers and consumers of supported employment services. Over the past 10 years I have witnessed incredible changes and advances in employment opportunities for individuals with mental retardation and development disabilities who receive services from the various service delivery systems here in Ohio.

Most of these changes have been due to the advent of supported employment, a system of employment training and job placement that has successfully placed over 140,000 individuals with very serve disabilities into jobs in local communities all over the United States.

What I use the term "severe," I mean severe. Supported employment was designed to provide opportunities for individuals, who, before this model, were limited to segregated environments. Very simply put, supported employment is integrated employment that results in meaningful work for people who otherwise would spend a lifetime of total dependence at an incredible cost.

The Ohio Department of Mental Retardation and Development Disabilities governs the 88 local county boards of MRDD, who, in turn, provide an array of services beginning with early childhood, school age, youth transportation from school to work, residential support, and, of course, employment services.

With the 1986 amendments to the Vocational Rehabilitation Act to supported employment, the rehab system took on new meaning for our consumers in Ohio. Utilizing funds from both Title I and Title VIC, the Ohio Rehab Services Commission built a strong infrastructure that included a strong commitment to real work for real pay, integrated, competitive employment at or above minimum wage. At a time when the other States were treating supported employment as a grouping of individuals in community jobs, Ohio joins States out front in advancing individual placements, I repeat, in real jobs, with real pay.

In 1989, our Department, along with the Rehab Services Commission, launched a collaborative partnership agreement that provided—promised to provide community employment services with integrated employment outcomes to mutually-eligible people. The Partnership Agreement was and continues to be a huge success as both partners work together to refine the supported employment model so that people can receive time limited as well as extended services.

Our successes in Ohio speaks for themselves. In fiscal year 1996 along, the Rehabilitation Services Commission served over 2,421 people with Title VIC funds, and that results in about 612 placements with average hourly earnings of $4.88.

Over the past 8 years through our Partnership Agreement, over 2,000 individuals have been placed into the integrated employment. Current outcomes reflect an average hourly earning of $5.05. We expanded our collaboration to include local public schools, and together, over 1,000 youth that are transitioning from school to work were placed into integrated employment, therefore, bypassing sheltered workshops and other integrated placement.

I wish I could introduce you to some of these people, but in their absence, would you please let me explain with these names on the few pictures in front of you.

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Marc is a 23 year old employee of Advanced Specialty Products, an automotive supplier factory in Bowling Green, OH. He works as a manufacturer/assembly worker for 30 hours a week and earns $4.75 an hour. Marc has been successfully employed for over a year because of the collaborative efforts between the Rehab Services Commission, School District, and the local county board of MRDD who continues to provide him with extended services. Since he began working, Marc was able to move away from his family home and into a small house with three friends. Without supported employment, Marc would be living with his parents and working the local shelter workshop as an individual with mental retardation.

Senator DEWINE. Let me interrupt you, if I could. What kind of supported services would Marc be receiving now?

Mrs. KAROULIS. Again, it would be a collaborative approach. The referral sources School District knew that Marc had interest in assembly work, and so through assessment and through creative job development, they found him a job. Rehab Services partnered with the local schools, who agreed to fund job development activities, along with job coaching or job training services, which were provided by the local county of MRDD. He was trained successfully on the job with a job coach until he stabilized on that job, at which time the time limited funded services through both Rehab stopped, and the extended services were picked up by the local county board of MRDD.

Senator DEWINE. Extended services would consist of what?

Mrs. KAROULIS. Ongoing monitoring of his work performance, levels of satisfaction that the employer has with him, his level of satisfaction, his productivity, etc.

Senator DEWINE. Would this be on a day-to-day basis?

Mrs. KAROULIS. No. An as-needed basis. When he really transferred from the rehab system, then they do an assessment to determine his level of need.

Senator DEWINE. Thank you.

Mrs. KAROULIS. You have Lori in front of you, 25 years old. She works at Andersons General Store in Toledo. Lori was involved in a number of community-based work experiences while she was in high school, but upon graduation, she was placed in a shelter workshop against her dreams and desires, based on the rationale of the severity of her physical and cognitive disabilities where she earned an average of five cents an hour.

Through the collaborative efforts of the education system, Rehab, and the county board of MRDD, Lori was hired as a product promoter/greeter. She works part-time at about 9 to 15 hours a week at a subminimum wage of $1.25 an hour with the Department of Labor Minimum Wage Certificate. Supported employment has enabled her to engage in meaningful work of her choice where she enjoys the many benefits of integrated employment. Lori continues to receive the extended services from the county board and has enjoyed working at Andersons for 2 years.

These stories lead to one of the major issues for integrated employment, the debate over minimum wage. In Ohio, this is not a huge issue, for, as I have already stated, our average earnings in supported employment are at or about minimum wage. However, for people like Lori, it is an issue. She, like everyone else, wants

to earn a decent salary, but public policy with stricter minimum wage requirements may block access to vocational funding for employment. Under the current regulations and public policy and practice, Lori was able to benefit from a sound, collaborative system.

As a solution to the minimum wage issue, I suggest and propose the proposed new definition of "individual in supported employment" as follows: An individual who is competitively employed in an integrated setting at minimum wage or greater, or employed in an integrated setting with an ultimate long-term goal of a competitive outcome, such as minimum wage, at the time of transition from time-limited to extended services, or after moving into extended services.

Senator DEWINE. What would be the effect of that change?

Mrs. KAROULIS. The effect of that change would be hopefully more people accessing the VR system, knowing they will be able to earn some minimum wage.

Gleaning from the national conference of the Association for Persons of Supported Employment that I and 1,200 professionals, I would like to conclude with the following points.

Over 140,000 people with disabilities are in supported employment where they earn an estimated $748 million in wages annually. While we celebrate these numbers, this represents only a fraction of the individuals who want to work in real jobs with real wages in integrated settings. We need to expand supported employment options. One recommendation is that the committee explore ways to encourage implementation of supported employment across multiple employment systems, such as in the Workforce Development Issue.

We encourage you to continue to explore solutions to the overly burdensome requirements for eligibility determination and IWRPs. While not a real problem in Ohio, other States report it as a major impediment to a smooth flow of services. As you look to streamlining eligibility, would you please take a look at the difficulty that individuals with severe disabilities experience in this process. Many professionals still believe them to be incapable of achieving employment outcomes despite proven achievements otherwise. We strongly believe that before a person is determined ineligible, they should be given an opportunity for assessment by professionals inside and outside of the VR system who have proven expertise in the supported employment model.

And finally, there continues to be an incredible attitudinal barrier for employment in this country for persons with severe disabilities. Too many professionals still believe people with development disabilities cannot work. Too many parents continue to fear for their adult child's safety in the labor market. Too many individuals with disabilities are not given the opportunity to make meaningful choices about their employment outcomes. As in the past, our VR funds for research, demonstration and training can impact on these attitudinal barriers as well as on employment outcomes. We urge you to look seriously at the discretionary opportunities in this bill. Thank you.

Senator DEWINE. Thank you very much.

[The prepared statement of Mrs. Karoulis follows:]

PREPARED STATEMENT OF KATINA KAROULIS

Thank you, Mr. Chairman, and distinguished members of the Subcommittee on Employment and Training, for this opportunity to testify on the reauthorization of the Rehabilitation Act of 1973. My name is Katina Karoulis. I am the Community Employment Specialist for the Ohio Department of Mental Retardation and Developmental Disabilities—a position that I have had the good fortune to serve in for the past ten years. I am also a founding board member of the Ohio Chapter of the Association for Persons in Supported Employment (APSE), an organization of professionals, providers and consumers of supported employment services. Over the past 10 years I have witnessed incredible changes and advances in employment opportunities for individuals who benefit from the various service delivery systems in Ohio.

Most of those changes have been due to the advent of supported employment, a system of employment training and job placement that has successfully placed over 140,000 individuals with very severe disabilities in real jobs in local communities all over the United States. When I use the term severe, I mean SEVERE. Supported employment was designed to provide job opportunities for individuals, who, before this model of job training, were limited to segregated environments. Very simply put, supported employment is integrated employment, a system of job training and placement that results in meaningful work for people who would otherwise spend a lifetime of total dependence at an incredible cost.

The Ohio Department of Mental Retardation and Developmental Disabilities is a cabinet level state agency with a mission "to assure the availability of programs, services and supports to assist individuals with mental retardation and developmental disabilities in living the life they choose, to promote their health and safety, and to assist and support families of these individuals in achieving these goals."

The Department governs service systems in 88 county boards of mental retardation and developmental disabilities, with an array of services from early childhood services through adult supports, including children of school age, youth that are transitioning from school to work, residential supports, and, of course, employment services.

When the 1986 amendments to the Vocational Rehabilitation Act expanded state vocational rehabilitation services to include supported employment, the rehabilitation system took on a new meaning in our State. Individuals in Ohio with mental retardation and developmental disabilities have benefited from collaborative services provided by many systems.

Utilizing funds from both Title I and Title VIC, the Ohio Rehabilitation Services Commission built a strong infrastructure that included a strong commitment to real work for real pay—integrated, competitive employment at or above minimum wage. At a time when other states were treating supported employment as a grouping of individuals in community jobs, Ohio joined states out front in advancing individual placements, I repeat, in real jobs, with real wages, with individualized supports essential for successful employment placement.

In 1989 the Department of MR/DD and the Ohio Rehabilitation Services Commission launched a collaborative agreement that promised to provide community employment services with integrated employment outcomes to mutually eligible individuals. The Partnership Agreement, as it is still referred to, was and continues to be a huge success as both local county board of MR/DD administrators and local ORSC management staff work to refine the collaborative supported employment model—assuring both time limited and extended services to individuals entering the labor market for the first time.

Our successes with integrated employment in Ohio speak for themselves:

In FY96 alone, the Ohio Rehabilitation Service Commission served 2421 individuals with Title VIC funds—resulting in 612 supported employment placement that averaged wages of $4.88 per hour. This trend of individual integrated placements at or above minimum wage continues to be on the upswing in our state.

Over the past 8 years through our Partnership Agreement, over 2000 mutually eligible individuals have been placed into integrated employment. Current outcomes reflect competitive employment placements at average hourly earnings of $5.05. We expanded our collaboration to include local school districts that serve transitioning youth. Over 1,000 youth have been successfully placed into integrated employment, therefore bypassing sheltered and other segregated placements.

I wish I could introduce you personally to some of these people, but in their absence, let me put faces with these numbers.

Marc is a 23 year old employee of Advanced Speciality Products, an automotive supplier factory in Bowling Green, Ohio. Marc works as a manufacturer/assembly worker, 30 hours a week for $4.75 per hour. Marc has been successfully employed

for over a year because of the collaborative efforts of RSC,the Joint Vocational School, and the local county board of MR/DD. Marc continues to enjoy the benefits of this individual placement approach to supported employment with ongoing supports provided to Marc and his employer through the local county board of MR/DD. Since he began to work at ASP, Marc has been able to move from his family home to a small house with 3 friends. Without supported employment, Marc would be living with his parents and working in the local sheltered workshop as an individual with a severe cognitive and communication disability.

Lori is a 25 year old supported employee who works at Andersons General Store, a home, garden and retail store in Toledo, Ohio. Prior to her working, Lori was involved in a number of community-based work experiences in high school. Upon graduation, she was placed in a sheltered workshop against her dreams and desires, based on the rationale of the severity of her physical and cognitive disability where she earned an average of $.05 per hour. Through the collaborative efforts of the education system, ORSC, and the local county board of MR/DD, Lori was hired in a three-person group dispersed model of supported employment, as a product promoter/greeter. Lori works part time, 9-15 hours per week, at a sub-minimum wage of $1.25 per hour. Supported Employment has enabled Lori to engage in meaningful work of her choice where she enjoys the many benefits of integrated employment. Lori continues to be supported by the local county board of MR/DD that provides extended service assistance. Lori has enjoyed working at Andersons for over two years.

These stories lead to one of the major issues in this reauthorization for individuals in integrated employment—the debate over minimum wage. In Ohio, this is not a huge issue, for as I have already stated, our average earnings in supported employment are above minimum wage. However, for individuals like Lori, it IS an issue. She like everyone else, wants to earn a decent salary but public policy with stricter minimum wage requirements may block access to VR funding for employment. Under current regulations and public policy and practice, Lori was able to benefit from a sound, collaborative system.

As a solution to the minimum wage issue, I suggest the proposed new definition of "individual in supported employment" for the purposes of eligibility under Title I and Title VIC: an individual who is competitively employed in an integrated setting at minimum wage or greater, or employed in an integrated setting, with an ultimate long-term goal of a competitive outcome (i.e. minimum wage) at the time of transition from time-limited to extended services, or after moving into extended services.

Gleaning from the national conference of the Association for Persons in Supported Employment that I and 1,200 other professionals, consumers and family members attended last week, I want to close with the following points:

- According to the Rehabilitation, Research and Training Center at the Virginia Commonwealth University, over 140,000 individuals with disabilities are in supported employment nationally. These individuals earned an estimated $768 million in wages for 1995. While we celebrate these numbers, this represents only a fraction of individuals who want to work in real jobs with real wages in integrated settings. We need to expand supported employment options. One recommendation is that the committee explore ways to encourage implementation of supported employment across multiple employment systems as in Workforce Development Initiatives.
- We encourage you to continue to explore solutions to the overly burdensome requirements for eligibility determination and Individual Written Rehabilitation Plans. While this is not a problem in Ohio, other states report it as a major impediment to a smooth flow of services. As you look to streamlining eligibility, please take a look at the difficulty that individuals with severe disabilities experience in this process. Many professionals still believe them to be incapable of achieving an employment outcome despite proven achievements otherwise. We strongly believe that before a person is determined ineligible, they should be given the opportunity for assessment by professionals inside and outside of the VR system who have proven expertise in the supported work model.
- And finally, there continues to be an incredible attitudinal barrier to employment in this country for persons with severe disabilities. Too many professionals still believe people with developmental disabilities can't work. Too many parents continue to fear for their adult child's safety in the labor market. Too many individuals with disabilities are not given opportunities to make meaningful choices about their employment outcomes. As in the past, RSA funding for research, demonstration and training can impact on attitudinal barriers as well as on employment outcomes. We urge you to look seriously at the discretionary opportunities in this bill.

Mr. Chairman, I can easily go on for much longer, as you can tell I am very enthusiastic about supported employment and the doors it has opened to employment,

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choice, and independence in Ohio for people with significant challenges. I am pleased to have the opportunity to give you an overview of our issues in Ohio. Thank you and I'm happy to answer questions.

Senator Dewine. Mrs. Bergquist.

Mrs. BERGQUIST. Good afternoon and thank you very much for giving me this opportunity to be here with you this afternoon. I would like to take the time this afternoon to share some concerns that the NAD, National Association of the Deaf, has related to the VR system. I would like to also present some ideas that we may be able to make changes in the amended Rehab Bill.

NAD is the Nation's oldest and largest national organization that safeguards 28 million deaf and hard of hearing people in this country. We need to focus and include and promote policy that continues to support employment and standards of the VR program and services for deaf and hard of hearing individuals.

My written testimony, as you have in front of you, follows along with specific recommendations by the NAD for the Reauthorization of the Rehab Act.

So now, I would like to provide you with a broad overview of the benefits that VR can, in Ohio, specifically, which I am very, very proud of, which should be replicated on the national level basis.

Basically the concern of the NAD are four. One being accessibility to the VR system, the program and the services. The second, personnel preparation in rehab counseling and interpreting services for people who are deaf. And third, continually keeping low-functionally deaf people and hard of hearing people in the service centers. And four, last of all, which we oppose to, is the funding Financial Means Test provided for rehabilitation service delivery.

I would like to take the time now to give you a brief history of services for the deaf and hard of hearing in Ohio.

Prior to the' 60s, deaf and hard of hearing people did not have full accessibility to human services in the State of Ohio. Human services provided often a lack of understanding about the specific communication and language needs of people who are deaf and hard of hearing.

To remedy that situation, OAD, Ohio Association of the Deaf, which I currently am president of, worked collaboratively with RSC to set up a program of rehab services for the deaf and hard of hearing people in 1965. Thirty years later, RSC is still continually supporting the importance of this specialized training, knowledge, skill, and knowledge and attributes for deaf people and hard of hearing people.

The Ohio Rehab Services Commission and a few other states that employ and hire full-time which are called—they have a State coordinator for the deaf and currently have 15 program specialists, rehab specialist counselors for the deaf and hard of hearing here in Ohio. Ohio provides innovative, qualified rehab counselors for the deaf people by providing bilateral pay for those who—VR counselors who are representing fluency in sign language communication, who are able to use their communication skills with people who are deaf. Also, Ohio RSC contracts out with many rehab services for the clients that are deaf and hard of hearing.

In 1971, ORSC supported and they set up a specialized rehab program for people who are deaf and hard of hearing, which is

called Comprehensive Program for the Deaf, which is set up, is based here in Ohio.

In 1993, that particular program also expanded an additional program that serves people who are deaf and blind, serving those—and which is—is seen by the director—who the current director himself deaf and blind of that program.

They provide services to low-functioning people starting with supported—helping to get prepared for colleges, maybe teaching them independent living skills, vocational training, job placement, job coaching, and job assessment.

This is the—this program is very limiting and in many locations in the United States. I assume there is only 25 States that would have a program of that kind. The requirements of the Rehabilitation Act needs to impact not only quality rehabilitation services but also the importance of supported employment as a result of providing good qualified rehabilitation services.

The program and services cannot be seen just one time provide—you cannot provide just a one-time service with a person who has disability, especially with a person who is deaf or hard of hearing. They cannot be static in their needs. Societal and personal barriers are continuously encountered by people who have a disability and cannot be included into a majority of evaluated——

Excuse me. My hand is getting tired. I keep going, I get getting lower and lower, and the interpreter is having a difficult time seeing me (laughter).

In Ohio, deaf and hard of hearing individuals benefit also from four—we have four State interpreting programs, qualified interpreters who are very, very, very valuable, a very valuable part of communication, and will contribute to the success outcomes for people who are deaf and hard of hearing.

Really, they need to continually provide appropriately and continue the standards of interpreter quality and the number of qualified interpreters, as well as it is obvious that people on—the consumer should not under any circumstances be charged for any of the reasonable combinations pursuant to the law, as with the ADA and part of the—Section 504 of the Rehabilitation Act.

Ohio RSC empowers the community and people by continually being—maintaining and supported people in the VR system. I myself am very fortunate to have the experience in many aspects of ORSC. I myself have been a consumer in the past. I have been a commissioner, a member of the Consumer Advisory Council, and I can assure you that I have already been challenged by this—challenged this wonderful organization to do better by providing services, but what I most am appreciative of the Ohio RSC is that the system permits direct consumer involvement with making the policies and allowing for continuation of administration.

The Statewide RSC Consumer Advisory Council meets with the seven commissioners to provide direct feedback and input about the major policy issues. And the Advisory Council really prioritizes, primarily gets together with current consumers of the past in the VR system.

The Advisory Council has a variety of subcommittees, including a Subcommittee for Deaf and Hard of Hearing. The position of the

State Coordinator for the deaf himself is also deaf, and one of the seven current commissioners is a deaf African American lady.

The State of Ohio provides incentives not only for people but—consumers, but makes it available in a very accessible programs for services but also in private employment, also.

The initiative program by the Governor of Ohio allows for the purchase of equipment for expansion of business trade, for guaranteeing of jobs for VR, for consumers.

The Rehab Act also serve as a vehicle for implementation for comparable incentives on the national, State and—State level.

In conclusion, as we have, as everyone in this room, including yourself, the members of the committee, to look into the 21st century, we try to cover all of the goals, the common goal in a quality program for all Americans through VR, because we need to encourage literate, productive, contributing people in the society.

It would be unfortunate for rehabilitation to fail. We need to continually be effective, and if we aren't, welfare could probably increase. We currently ask your committee to adopt our recommendations as amended on the Reauthorization Act.

I encourage you that during my many—through my many travels through different States, when I talked about the VR system in Ohio, many, many responses are, "Gee, we really wish we had our own State." And I say, "Well," and I tell them, "You can, if you impact the Federal Government and encourage them to take on those policies and follow what Ohio has been so fortunate to have."

I know other people have briefly talked about partnerships, and I cannot emphasize enough the importance of understanding the unique communication needs of consumers under the VR system. Communication, language is so important that counselors themselves and interpreters have to be qualified to be able to communicate. They have to be qualified to be able to communicate with their consumers and how to explain the rehab process, IWRPs and so on.

So that does conclude my presentation, and thank you for your attention, and I appreciate that, the NAD also appreciates it, too, and I will be glad to answer any questions you have.

Senator DEWINE. Well, let me thank all of the members of the panel very much.

[The prepared statement of Mrs. Bergquist follows:]

STATEMENT

of the

NATIONAL ASSOCIATION OF THE DEAF

Claudia Sargeant
NAD Board of Directors, Member
NAD Committee on Education and Human Services, Chair
Ohio Association of the Deaf, President

Mr. Chairman and Members of the Committee:

Thank you for the privilege to appear before this Committee to convey the recommendations of the National Association of the Deaf (NAD) on the reauthorization of the Rehabilitation Act of 1973, as amended. I am a regional member of the NAD Board of Directors as well as the chair of the NAD Committee on Education and Human Resources. I also am the president of the Ohio Association of the Deaf, and have served as the first deaf commissioner of the Ohio Rehabilitation Services Commission.

The NAD is the nation's oldest and largest consumer-based organization which safeguards the accessibility and civil rights for 28 million deaf and hard of hearing Americans. The primary mission of the NAD include advancing policies to further the highest standards of vocational rehabilitation programs and services for deaf and hard of hearing consumers.

My written testimony is accompanied by specific recommendations by the NAD for the reauthorization of the Rehabilitation Act, so today I will provide you with an overview of the benefits of the vocational rehabilitation system in Ohio in specific, which should be replicated on a nationwide basis. The concerns of the NAD basically are:

- Access to Vocational Rehabilitation Programs and Services,
- Personnel Preparations and Training Programs and Availability of Rehabilitation Counselors and Interpreters for the Deaf,
- Maintenance of Low-Functioning Deaf and Hard of Hearing Service Centers, and
- The Personal Means Test for Rehabilitation Service Delivery.

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Prior to the 1960s, deaf and hard of hearing people did not have full access to human services in the State of Ohio. Human service providers often displayed a lack of understanding about the unique communication and language needs of deaf and hard of hearing consumers. To remedy this situation, the Ohio Commission of the Deaf engaged in a joint project with the Ohio Rehabilitation Services Commission (RSC) to establish a program of rehabilitation services for deaf and hard of hearing consumers in 1963.

Thirty years later, the Ohio RSC continues to recognize the importance of specialized training, knowledge, skills, and attributes needed to serve deaf and hard of hearing consumers. The Ohio RSC is one of the few states that employs a State Coordinator for the Deaf (SCD) and fifteen Program Specialists/Rehabilitation Counselors for the Deaf and Hard of Hearing (RCDs). The Ohio RSC provides an innovative incentive to secure qualified RCDs by providing bilingual pay for those who demonstrate fluency in sign language.

Moreover, the Ohio RSC contracts out many of its rehabilitation services. In 1971, the Ohio RSC funded the establishment of a specialized rehabilitation program for deaf and hard of hearing consumers, which is called the Comprehensive Program for the Deaf. In 1993, the program expanded to serve deaf-blind consumers, and this is overseen by a director who is deaf-blind. This nationally-recognized model program serves a wide range of deaf, hard of hearing, and deaf-blind consumers from those who are defined as "low-functioning" to those preparing for college through provision of independent living skills training, vocational training, job training, and job placement services. Similar programs of this kind are lacking in many local communities and in the United States; only approximately 25 states have programs of this kind.

The requirements of the Rehabilitation Act exist to effectuate not only quality vocational rehabilitation programs and services, but also meaningful employment outcomes as a result of the provision of vocational rehabilitation services. Rehabilitation programs and services cannot be seen as a one-time provision because any person with a disability cannot be status in his or her needs. Societal and personal barriers are continuously encountered solely on basis of one's disability, and this should be incorporated into measures which evaluate employment outcomes.

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In Ohio, deaf and hard of hearing consumers benefit also from the four in-state interpreter training programs. Qualified interpreters are crucial conduits of communication when appropriate, and contribute to the potential of successful outcomes for deaf and hard of hearing consumers. There continues to be a need for appropriate and consistent standards of quality and quantity for qualified interpreters, as well as clarification that a consumer should not, under any circumstances, bear the cost of reasonable accommodations pursuant to laws such as the Americans With Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

The Ohio RSC empowers the community and consumers by maintaining a consumer-oriented approach to vocational rehabilitation. I have been fortunate to experience many aspects of the Commission. I have been a consumer, a Commissioner, and a member of the Consumer Advisory Council. I can assure you that I have challenged this good organization to do better. What I most appreciate about the Ohio RSC is that the structure permits direct consumer involvement in policy making and allows for community in administration.

A statewide Consumer Advisory Council meets with the Commissioners to provide direct feedback and input about major policy issues, and the Advisory Council primarily consists of current and past consumers. The Advisory Council has various subcommittees including a Subcommittee for the Deaf and Hard of Hearing. Furthermore, the position of the State Coordinator for the Deaf (SCD) is held by a deaf person, and one of the seven current Commissioners of the RSC is a African-American deaf woman.

The State of Ohio provides incentives not only to consumers, by making available accessible programs and services, but also to potential private employers. The Incentive Program by the Governor of the State of Ohio allows for the purchase of equipment for expanding businesses in return for a guaranteed number of job slots for vocational rehabilitation consumers. The Americans Act can also serve as a vehicle for implementation of comparable incentives on the national and state level.

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As we gear up for the 21st century, we strive to attain a common goal: quality vocational rehabilitation programs and services for all Americans in order to generate literate, productive, and contributing citizens of our society. To do otherwise may bring about frustration failure and become expensive life-long rehabilitation and welfare cases. Therefore, the NAD asks that the Committee adopts the submitted recommendations for the reauthorization of the Rehabilitation Act.

Mr. Chairman, I will be pleased to answer any questions you or your colleagues may have. Thank you.

NATIONAL ASSOCIATION OF THE DEAF

814 Thayer Avenue • Silver Spring, Maryland • USA 20910-4500
Telephone: 301-587-1788 voice • 301-587-1789 tty • 301-587-1791 fax
Internet: 301-587-6282 voice • 301-587-6283 tty • 301-587-6771 fax

ADDENDUM TO THE STATEMENT
ON THE REAUTHORIZATION OF THE REHABILITATION ACT
RECOMMENDATIONS FOR SPECIFIC LANGUAGE
July 21, 1997

The National Association of the Deaf (NAD) would like to thank you for your efforts to reauthorize the Rehabilitation Act of 1973. Below are the recommendations of the NAD for input to the following critical issues: access to vocational rehabilitation programs and services, personnel preparation and training programs for rehabilitation counselors and interpreters for the deaf, low-functioning deaf and hard of hearing service centers, and the telecoil means test for rehabilitation service delivery.

- **Access to Vocational Rehabilitation Programs and Services**

The NAD consistently receives complaints of the lack of access to vocational rehabilitation programs and services by deaf and hard of hearing consumers. The NAD recommends that the State agencies demonstrate their commitment to provide such access by staffing its Offices with Rehabilitation Counselors for the Deaf (RCDs) and qualified interpreters, maintaining the position of a State Coordinator for the Deaf (SCD), establishing cooperative agreements with service agencies that have the necessary staff or programs specifically for deaf and hard of hearing consumers, and ensuring that the State Rehabilitation Advisory Council (SRAC) consists of representatives from the spectrum of consumers with disabilities.

The NAD recommends the following language:

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* In this recommendation, proposed additional [illegible] are underlined in bold type face, and deletions are in brackets [illegible].

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Title I, Part A - Vocational Rehabilitation Services.

Sec. 103. (a) Vocational rehabilitation services provided under this Act shall be any goods or services necessary to render an individual with a disability [illegible], including, but not limited to, the following:

5) qualified interpreter services and qualified personnel for individuals who are deaf, and related services for those individuals determined to be necessary after an assessment by qualified personnel under their profession level.

- Personnel Preparation for Rehabilitation Counselors and Qualified Interpreters

The NAD supports the maintenance of programs and services that promote the maximum possible availability of qualified counselors and rehabilitation counselors for the deaf.

RCDs). The need for qualified interpreters and RCDs has not corrected with the exponential increase of the number of deaf and hard of hearing individuals who work and remain meaningful employment. The great need to train interpreters at the pre-service level, as well as inservice and continuing education levels, necessitates the prompt attention and support of the Rehabilitation Services Administration (RSA). The current law provides the RSA with only discretionary authority to award grants to establish or maintain interpreter training programs.

The NAD recommends that the relevant provisions is changed to read as follows:

Title III, Part A, Sec. 301, Training.

(a) (1) For the purpose of training a sufficient number of qualified interpreters to meet the communications needs of individuals who are deaf and individuals who are deaf-blind, the Secretary, through the Office of Deafness and Communicative Disorders may award grants to any public or private nonprofit agency or organization to establish interpreter training programs or to provide financial assistance for ongoing interpreter training programs. The Secretary may award grant for programs in each geographic area throughout the United States as the Secretary considers appropriate to help carry out the purposes of this section. Priority shall be given to public or private nonprofit agencies or organizations with training programs that have demonstrated their capacity for providing interpreter training services.

- Inservice Centers for Low-Functioning Deaf and Hard of Hearing Individuals

The Commission on Education of the Deaf (COED) recognized that an unknown large number of deaf and hard of hearing individuals were unemployed or underemployed due to additional disability conditions, such as deficiencies in language performance, and related psychological, vocational, and social underdevelopment.[1] The COED identified this group to be "lower functioning adults," and recommended that the federal government establish and fund a comprehensive service center for this particular underserved group in each of the 10 federal regions of the United States. Two provisions in the Rehabilitation Act of 1973, as amended in 1992, address the recommendation by COED, and provide the Commissioner with the discretionary authority to fund a maximum of two projects to serve this population.

Furthermore, on September 13, 1994, all federal funding was terminated for special projects and demonstration projects to serve low-functioning deaf and hard of hearing individuals, which were previously funded under Section 311(c)(1)(C), Also, H.R. 1185 deleted Section 311(c) of Part B of Title III, which is the second provision that addresses funding of such projects. (H.R. 1185, Section 2241). These projects, including offsetive revenue-producing programs in Jackson Heights, NY; San Antonio, TX; and

[1] The COED Report to the President and the Congress of the United States, Toward Equality: Education of the Deaf (U.S. Government Printing Office, January 1988).

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[redacted]

Title III, Part B - Annual Projects and Supplementary Services
Sec. 316. For the purpose of carrying out this part [other than sections 314(e), 311(f), 312, and 316], there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1998 through 2003 [and, years 1998, 1999, and 2000].
Sec. 311(e)(1) (A) The Commissioner may make grants to public and non-profit community rehabilitation programs, integrated home work, and other public and private agencies and organizations for the cost of developing special projects and demonstrations providing supported employment, including continuation of determinations or the effectiveness of natural supports or other alternatives in providing extended employment services.
(B) ...
(C) Not less than one-two such grants shall serve low-functioning deaf and hard of hearing individuals who either are low-functioning and deaf or low-functioning and hard-of-hearing.

The NAD urges that the Committee recognizes the established need to serve low-functioning deaf and hard of hearing individuals, and adopt the above recommended language in order to continue programs that have successfully provided crucial rehabilitation services for low-functioning deaf and hard of hearing individuals.

- Proposed Means Test for Rehabilitation Service Authorization

The NAD does not support the proposed, financial means test, and urges the Committee to reject this proposed test. It is our understanding that the proposed financial means test will be required for all purchase services which exceed $4,000 in cost. Deaf and hard of hearing individuals often require the provision of sign language interpreters and other appropriate reasonable accommodations in order to participate and benefit from rehabilitation programs and services, and such services may exceed the amount of $4,000.

The application of such a test may have discriminatory results based on the disability of the consumer. Certain disabilities may require interpreter accommodations, and others may not. Under an environment with the deaf and/or hard of hearing consumer bear the costs of interpreter services as well as other reasonable accommodations pursuant to the existing anti-discriminatory laws such as Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (ADA). The financial responsibility must be allocated clearly between the State vocational rehabilitation agency and the provider of the services (such as an educational institution). In the case a dispute arises regarding the financial responsibility for accommodations, the State vocational rehabilitation agency must be required to cover such expenses until the time the dispute is resolved, in order to ensure the continued delivery of services for the deaf or hard of hearing consumer.

- Conclusion

The NAD thanks the Committee for the opportunity to provide its pressing concerns about the Rehabilitation Act in order to promote the quality of and access to rehabilitation programs and services for all people with disabilities. The NAD is the nation's largest and oldest consumer-based organization which safeguards the accessibility and civil rights of 28 million deaf and hard of hearing Americans in areas including education, employment, rehabilitation, health care and telecommunications. A service, non-profit organization, the NAD is a federation of 51 state commission affiliates including the District of Columbia, organizations of Parents, and direct members.

[redacted]

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Senator DEWINE. Mrs. Corner, let me ask you, you stated in your written testimony that the VR agency director should not have the power to overturn *decisions in favor of* consumers. Why not?

Mrs. CORNER. Well, because at that point there has been a fair hearing, and at that level each side is normally represented by a counselor or another advocate, and the hearing officer, who is an independent hearing officer, has heard the evidence and the testimony and made a decision.

And after that process, if that is in favor of the consumer, I mean, I think it really depletes the authority of the hearing officer to have the direct overturn of the decision.

Senator DEWINE. What should happen? Should that end it, or should there be any other appeal process, in your opinion?

Mrs. CORNER. I think that should end it.

Senator DEWINE. That's it?

Mrs. CORNER. Yeah. I suppose they could go on to court for some, you know, for a hearing, like in other administrative areas to say that the decision was against the weight of the evidence, or something like that.

Senator DEWINE. Let's talk a little bit about alternative dispute resolution. There has been debate and testimony regarding implementation of other methods of dispute resolution, such as informal negotiations. Do you have a comment on that?

Mrs. CORNER. Yeah. I think in this area you have to be really careful about your language and terms, because the regulations now have a definite definition of mediation, which is third-party neutral.

It has been our experience at CAP that we resolve, actually, most of our—the great majority of our cases are within a couple each year going to a formal hearing. So we in doing this, our role is to investigate what the client says, investigate what the counselor says, and in a lot of cases, you know, we work out an agreement between the agency and the client.

That's kind of what we do. We do alternative dispute resolution. I mean, there are times where the agency is right, you know, we will tell that to our client, because our role, like that of the VR agency, is to see the client employed at the end.

Senator DEWINE. Ms. Karoulis, I think you answered this, and I think you stated it, but I would like to ask again to make sure I heard it correctly, what do you think is the biggest barrier to getting an individual with the developmental disability good employment, if you had to pick one thing?

Mrs. KAROULIS. I think if I had to pick one it would be attitudinal barriers, I think, because of the accommodations that professionals have the conception that people with disabilities, not being able to achieve outcome, employers not understanding what—that people with disabilities do work, with parents being reluctant to allow their adult children to go out into the work force, and without people with disabilities having the opportunities, not having the opportunity to make informed choices, that truly lessens the numbers that go into supported employment.

Senator DEWINE. What would you say to all of those different groups, starting with the parents?

Mrs. KAROULIS. Well, I think it is real important that from a very early age, parents become educated by the public schools and other service agencies throughout the State about the employment opportunities that would be available to them in their local communities.

It is most important for kids to get out into the local communities and be integrated with school kids who aren't disabled so that the parents can begin to ideally recognize the fact that, regardless of the severity of their kid's disability, some day they will find a rightful place in the work force.

Senator DEWINE. In a sense, it is an expansion of your mind or expansion of your concept of what the horizons of parents, what your child might have, is that part of the challenge?

Mrs. KAROULIS. I think we need to do checks to look realistically at what job opportunities are out there. You know, it is hard to find a job in many communities because of high employment rates, but, yet, we defy the system every day by placing people with significant disabilities in real jobs that pay real wages.

The parents might think, "Hey, I know my neighbor cannot get a job, how could my son or daughter get a job?" So I think it is important we know and show expansion of successful cases.

Senator DEWINE. How would you explain to a parent that you do that? What do you say to the employer? I am a parent, you are talking about my child, and I ask you the question, how is he or she going to get this job? How are you going to convince an employer this is a good thing, this is someone who can do this job?

Mrs. KAROULIS. Well, again, I would definitely take the person with me so that the employer can meet them and have the person, if he is able, to describe his strengths and capabilities in the work force.

Sometimes it is necessary to find a piece of someone's job, kind of call it carving, job carving, that the person could do so that the employer could then lessen up the work load of somebody to be more productive, while giving this person an opportunity to be paid a fair wage. They are employed in the community.

So I think the employer really needs to take a look at their entire work force and find a place for a person with disability as well.

Senator Dewine. Mrs. Bergquist, how does the Ohio Rehabilitation Service Commission and its Advisory Council facilitate the direct consumer involvement of policy? How does that get done?

Mrs. BERGQUIST. Well, the Ohio Consumer Advisory Council, which is abbreviated CAC, they meet twice a year with the—in a joint meeting with the commissioners of RSC. And it is especially during budgetary times of the year. That's how our council gets feedback about the priorities, about where the money should go, and certainly portions of the agency like with personal care assistance, the Advisory Council is able to give their feedback to the commissioners about how they feel about these particular issues, and the commissioners ask people from the Advisory Council about their opinions and for feedback on how to better prioritize where the money should go.

It has been my experience that our Advisory Council always puts VR in the number one priority position, and that's where they would like the money tc go for services. And RSC has been very

good about, during my time, when I was there, and currently, the Commission has always been very open with receiving questions and concerns and feedback from any consumers, whether they were actually on the CAC or not.

They have always been very—had a very open door policy, and that's one way, one thing I think that has been key in making, in Ohio, RSC very lucky in the way they encourage consumers to provide feedback. And I think the administration and the Commission has always been very open to hearing concerns.

I feel very strongly that the CAC and RSC and the Commission have a very cooperative type of relationship. They listen to us. Most of the time that I have been there, I see them follow what our recommendations are, and that's been very nice.

Did I answer your question?

Senator DEWINE. Yes, you did. Thank you.

Mrs. BERGQUIST. Great.

Senator DEWINE. Let me thank our panel. And again, I would invite our audience to submit any statement or any letter that you would like or any comments that you would like to make either as a reaction to any of the six witnesses that we have heard from today or a reaction to anything I have said or just any thoughts on this area.

We are in the process of drafting the Reauthorization language. It is a bill and program that seems to have worked very well, but it certainly always can be improved. And I am particularly interested in how language written in Congress, particularly of this bill, works in the real world, how it works in Ohio or other States and how people who are clients, people who are served by the bill, what their comments are and how it works for them and also for people who are in the field everyday trying to deliver the services; particularly interested in ways that—we are looking at the question of what the Federal Government is prescribing maybe is not necessary. It may be it is getting in the way of proper delivery of services.

So again, let me thank our second panel, as well as our first panel, we appreciate it very much.

[Additional statements and material submitted for the record follows:]

PREPARED STATEMENT OF DAVID A. ZWYER

Thank you, Mr. Chairman and distinguished members of this subcommittee, for this opportunity to testify on the reauthorization of the Rehabilitation Act of 1973.

My name is David Zwyer. I am the Executive Director of the Ohio Developmental Disabilities Planning Council. The Council is made up of 28 individuals, including representatives with disabilities, family members, representatives of State agencies, and other representatives who are interested in citizens of Ohio with Developmental Disabilities. The Council collaborates with other leaders in the State to promote community integration and systems change, and distributes Federal funds in the form of grants to promote innovative projects to further those goals to improve the lives of persons with disabilities. The Council has funded and continues to fund projects concerning Employment for persons with disabilities.

Support for reauthorization

We applaud the approach being taken by the subcommittee with respect to reauthorization. With the recent enactment of the final regulations after enactment of the 1992 amendments, we believe reauthorization with minor changes would be of the greatest benefit until we have more experience with those amendments and regulations.

Of course, we must take this opportunity to recommend additional funding for all Vocational Rehabilitation programs, especially the State Grant Programs.

Support for the Statement of the Employment and Training Ask Force of the Consortium for Citizens with Disabilities

I have had the opportunity to review the Statement of the Employment and Training Task Force of the Consortium for Citizens with Disabilities which was delivered to your Subcommittee by Paul Marchand on July 10th, and I support its contents especially with respect to the following:

1. Allowing more informed choice for consumers especially during the planning process, including giving the consumer the option to write his or her own plan;
2. Studying the impact of means testing within the Vocational Rehabilitation system by taking a closer look at approaches being utilized in various states;
3. Linking the Rehabilitation Act programs to the generic workforce development system while maintaining the Rehabilitation Program as a separate component with a separate funding stream. This would allow a person looking for a job to go to an office of the Ohio Bureau of Employment Services even if they had a need related to vocational rehabilitation (i.e., a one-stop shop).
4. Strengthening the due process provisions of Title I, and limiting the ability of State Directors to overturn decision of impartial hearing officers without a greater burden of proof and greater accountability;
5. Authorizing "best practice" studies especially with respect to Social Security Work disincentives, eligibility and client choice; and
6. Strengthening the role of State Rehabilitation Advisory Councils so that the Advisory Committee in Ohio would have an advisory role in filling vacancies on the Ohio Rehabilitation Services Commission.

Conclusion

In general, we would support changes which give consumers a greater role in making decisions about what work they would like to do and what assistance they need to be able to do so.

Thank you for the opportunity to provide this testimony. Please contact me at (614) 466-5205 if you have questions or desire additional information.

OHIO REHABILITATION SERVICES COMMISSION
118 W. Sunrise Avenue
Trotwood, OH.
July 21, 1997.

Senator Michael DeWine,
265 S. Alison Street,
Xenia, OH.

DEAR SENATOR MICHAEL DEWINE: I am writing this letter in support of the Ohio Rehabilitation Services Commission (ORSC). People with disabilities wanting vocational training or self employment in Ohio, have only one resource, and that is the Ohio Rehabilitation Services Commission.

To people with disabilities, ORSC is our affirmative action and our only resource for vocational funding, job training and self employment. Since people with disabilities are not considered a minority, we can not apply for minority grants or low interest educational and business loans that are offered to classified minority groups.

Lack of Federal Loans and Grants for people with disabilities, leaves ORSC as our only resource for getting off the system, that leaves people with disabilities dependent on Federal Government support. ORSC has always been and still is overwhelmed by request for vocational rehabilitation financial assistance, by people with disabilities wanting to get off the federal system.

Senator DeWine, as a citizen of Ohio and a person with a disability who is trying to go in to business, I encourage you to increase the budget of the Ohio Rehabilitation Services Commission by at least 25 percent. A increase in the ORSC budget is needed to keep up with the request for services that continue to overwhelm The Ohio Rehabilitation Services Commission.

Until Federal and State Loan and Grant programs are created by the government for people with disabilities, ORSC is the only hope people with disabilities in Ohio have of getting off the federal system there locked in to. Senator DeWine, please consider my request to increase the budget of the Ohio Rehabilitation Services Commission by at least 25 percent. ORSC are tax dollars well spent and not wasted like we see so much of. Remember, ORSC rehabilitates tax recipients in to tax payers.?

Sincerely,

THOMAS W. FOGART
ORSC Consumer

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NATIONAL ASSOCIATION OF PROTECTION & ADVOCACY SYSTEMS,
900 Second St., NE, Suite 211,
Washington, DC,
July 25, 1997.

The Honorable Senator Mike DeWine,
United States Senate,
Chairman of the Subcommittee on Employment and Training,
Hart Senate Office Bldg., Room 608,
Washington, DC

DEAR SENATOR DEWINE: On behalf of the National Association of Protection and Advocacy Systems (NAPAS), I would like to thank members of the Senate Subcommittee on Labor and Training for the opportunity to provide written testimony on the reauthorization of the Rehabilitation Act of 1973, as amended.

NAPAS is a national, nonprofit membership organization made up of federally funded Protection and Advocacy (P&A) Programs and the Client Assistance Program (CAP). These programs, which are conducted in each state and territory, protect the rights of individuals with disabilities and advocate on behalf of such individuals to ensure that they have access to needed services and supports. NAPAS and its member programs are committed to ensuring the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities into all aspects of American society.

The Client Assistance Program (CAP), which is authorized under Section 112 of the Rehabilitation Act, provides assistance, advocacy and formal representation for individuals with disabilities who are seeking or receiving services funded under the Rehabilitation Act; however, most of CAP's work is concentrated on the State Vocational Rehabilitation (VR) Program authorized under Title I of the Act. I have been working with CAPs nationwide for over ten year. As a result, I am very familiar with the programs and projects funded under the Act, particularly the State VR program and the needs and concerns of individuals seeking or receiving VR services in order to obtain, retain and maintain employment.

In addition to my work as the Director of CAP Training at NAPAS, I am a cochair of the Consortium for Citizens with Disabilities (CCD) Employment and Training Task Force. My work with this task force has helped to further enhance my knowledge and understanding of the programs and projects funded under the Rehabilitation Act, particularly the State VR program. During the 1992 reauthorization of this Act, I worked closely with staff of the 102nd Congress, particularly staff from the Senate Subcommittee on Disability Policy. As a member of the CCD Employment and Training Task Force, I was engaged in the lengthy consensus building process which resulted in substantive changes to the Act, particularly the programs in Titles I and VII. As a result of this process, the 1992 amendments were crafted on a bipartisan basis with substantial input from the disability community. NAPAS hopes that such bipartisan efforts will continue throughout this reauthorization and result in an even stronger State VR program. NAPAS is also interested in seeing minor amendments to other parts of the Act which are needed to fine tune particular provisions, remove provisions which are no longer applicable, and clarify Congressional intent. NAPAS believes that substantive changes to Title I and relatively minor changes to other Titles are needed to address conflicting mandates and gray areas in policy which have resulted in the inequitable application of law.

The 1992 amendments to the Rehabilitation Act promised greater consumer control and involvement; better and faster access to services; and movement away from job placements in segregated settings to placements in more competitive and integrated employment. Since final regulations for many of these changes did not take effect until March 1997, many of the 1992 provisions have not been fully implemented. However, even without federally prescribed regulatory guidance, there is still evidence that some of the 1992 changes need further refinement and that some issues (e.g., how to deal with the insufficiency of VR funding) need to be addressed more directly through Congressional policy.

In this letter, I will provide a brief summary of NAPAS' recommendations. I am also sending an attachment which provides a much more detailed explanation of NAPAS' recommendations and the reasoning behind them. NAPAS' recommendations should be particularly relevant given NAPAS' unique position as the national membership organization for CAP which is funded under Title I and for the Protection and Advocacy of Individuals Rights (PAIR) Program which is funded under Title V of the Act. In addition, in drafting this testimony, I have worked closely with NAPAS' CAP Committee which is made up of six CAP Directors representing different kinds of CAPs, i.e., CAPs located in Protection and Advocacy agencies, in

State Vocational Rehabilitation (VR) agencies, and in other agencies which do not house either the P&A system or the VR program.

Summary of NAPAS' Recommendations on the Pending Reauthorization of the Rehabilitation Act of 1973, As Amended

Drafting Amendments within the Full Text of the Act: NAPAS recommends that any amendments to the Rehabilitation Act be produced within the full text of the section that is being amended. This will assist people (i.e., members of the Consortium for Citizens with Disabilities, VR Directors and counselors, individuals with disabilities, and, particularly, members of the Senate) in interpreting exactly what changes are being proposed and what effect such changes might have on other sections of the law.

Increased Funding for the Formula Grant Programs Funded Under the Act: First and foremost, NAPAS recommends a substantial increased in the funds authorized and appropriated for all of the formula grant programs authorized under the Rehabilitation Act, including the State VR program authorized under Title I, the Supported Employment program authorized under Title VI-Part C, the Client Assistance Program (CAP) authorized under Section 112, the Protection and Advocacy of Individual Rights Program (PAIR) authorized under Section 509, and the Independent Living State Grants and Centers for Independent Living authorized under Title VII.

Legislative Responses to the Insufficiency of VR Funding: NAPAS recommends that Congress view the current reauthorization as an opportune time to provide clearer direction regarding exactly what the public VR program should be doing and exactly who it should be serving. Under current law, State VR agencies are required to implement an order of selection when it is determined that the resources available to the State are insufficient to meet the needs of all of the individuals who are potentially eligible for VR services and who are likely to seek assistance from the public VR program. Such an order must give priority to serving individuals with the most severe disabilities (as defined by the State VR agency in conjunction with the State Rehabilitation Advisory Council). Under current law, these State definitions must be based on functional limitations which are an indication of the severity of a person's disability. However, Pat Morrissey, staffer to Senator Jeffords, is exploring the idea of looking at a variety of socioeconomic factors, in additional to looking at the severity of a person's disability. Such factors could include the consideration of a person's educational background, employment history (e.g., lack of employment history or intermittent employment history), and personal support system. In addition, she is looking at ways to take other consideration (e.g., a person's employment status at time of application for VR services) into account, e.g., giving priority first to individuals who have never been employed, then to those who are otherwise unemployed (e.g., those who have recently lost a job) or who are at immediate risk of losing a job, and, finally, to those who are under-employed. NAPAS believes such priorities could be established in law or the States could be given the authority to establish priorities for the provision of services (i.e., within these federally established parameters). If the States are given the authority to establish their own priorities, they must be required to seek substantial input from the disability community before establishing such priorities and whenever changes are being proposed to those priorities.

Hence, NAPAS recommends that serious consideration be given to including other measures of "need for assistance" from the public VR program. Such measures of "need for assistance" would help VR agencies further target their efforts to ensure that the limited resources available to promote the employment of individuals with disabilities are used in the most efficient and effective ways. If this change is not made, NAPAS would recommend that the Act be amended to incorporate a federal definition of "most severe" so that there is some consistency from State to State in who is being prioritized for services.

Another approach to targeting VR assistance would be to tighten up the definition for "individual with a severe disability" (e.g., referencing an individual with two or more functional limitations) and replace the concept of order of selection with the idea of a two-tiered system of VR services. The first tier would be a set of core services which would be federally defined and available to anyone who is determined eligible for VR services. The second tier would be for more costly, individualized services which would be reserved for individuals with severe disabilities (i.e., based on the new federal definition of severe). If need be, a third tier of services could be defined, i.e., more costly, non-disability related services which would be available based on financial need (i.e., assistance with post-secondary education).

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Using any of these three methods, NAPAS believes that the limited resources available to the public VR program could more easily be targeted to areas of greatest need.

Core VR Services: Another problem inherent in the concept of an order of selection is the wasted time and resources and the unrealistic expectations of individuals who go through the process of being determined eligible for VR services only to be told that they will not receive any services because they do not fall within the State's priority categories under such order. It is NAPAS believes that some of these individuals could be successfully employed if they had access to some limited assistance from the State VR agency. Hence, NAPAS recommends that a set of core services be defined and be made available to individuals determined eligible for services but deemed not to fall within the State's priority categories for service provision. If these core services were limited to information and supervised referral, rehabilitation counseling and vocational planning, accommodations necessary to participate in such vocational planning, job placement, and orientation and empowerment, the majority of the State VR agency's resources would continue be reserved for individuals with the most severe disabilities.

Scope of VR Services Authorized Under Section 103 and Financial Needs Testing: Given the insufficiency of the federal and state funds available to the public VR program, Congress needs to decide whether the public program should continue to be mandated to provide the current range of services spelled out in Section 103 or whether to redefine or more narrowly define the scope of VR services. The scope of services could be narrowed by restricting funding for surgery to medical expenses that directly related to a person's disability or necessary to correct or reduce functional limitations resulting from a person's disability. The scope of services could be redefined by requiring financial needs testing for certain services, e.g., post-secondary education, vehicle purchases, or accommodations to homes.

While NAPAS would not support financial needs testing across the board for all VR services, NAPAS would support financial needs testing for certain services, e.g., assistance in pursuing post-secondary education beyond an undergraduate degree; for any post-graduate degree; for the provision of "full" maintenance; for advancing in employment for an individual who is already employed in a career path that is consistent with his/her abilities, capabilities, and interests; for medical expenses and the cost of surgery when such expenses are not directly related to the individual's disability; for modifying homes; and for purchasing vehicles.

Reinstating Authority to Provide Full Maintenance: NAPAS recommends that Section 103(1)(5) be revised to authorize the provision of full maintenance services (i.e., based on the definition prior to the 1992 amendments) when an individual meets established guidelines for financial need. NAPAS believes that the current definition of maintenance, which restricts assistance to additional expenses that are incurred as a result of a person's participation in the public VR program, discriminates against individuals who are homeless, individuals who have no income, and individuals who are underemployed.

Definition of Employment Outcome: NAPAS recommends that the definition of "employment outcome" found in Section 7(5) be revised to specifically reference self-employment and home-based employment (i.e., as proposed in HR 1385) and, based on the informed choice of the individual, placements in extended employment or supported employment that pays subminimum wages.

Definition of Rehabilitation Technology and Issues Related to the Required Search for Comparable Services and Benefits: NAPAS recommends that certain definitions be revised to resolve ambiguity concerning when a search for comparable services and benefits is required in relation to specific services which may or may not be classified as rehabilitation technology services based on counselor discretion.

Individualized Written Rehabilitation Program (IWRP)—NAPAS recommends that Section 102 be amended to:

- change the name of the IWRP to an "Individualized Rehabilitation Employment Plan" (i.e., to place more emphasis on employment as the intended outcome for the provision of VR services);
- further streamline eligibility for assistance under Title I of the Rehabilitation Act (e.g., making recipients of SSI and SSDI automatically eligible for VR services);
- strengthen provisions regarding the use of existing information for making eligibility determinations and identifying the specific VR service an individual will need to achieve the employment outcome of his/her choice;
- clarify that two types of assessments are authorized under Section 7(22), i.e., a preliminary assessment for determining eligibility for VR services and a comprehensive assessment for determining VR service needs;
- strengthen language with regard to individuals choosing among viable vocational goals and the services deemed necessary to achieve such goals;

- provide three options for the development of an Individualized Rehabilitation Employment Plan (IREP), building on the two options proposed in HR 1385 (i.e., the option of a person: 1) developing his/her own IREP and submitting it to a qualified rehabilitation counselor for approval; 2) developing his/her own IREP with technical assistance from State agency staff and submitting it to a qualified rehabilitation counselor for approval ; or 3) jointly developing his/her IREP in conjunction with a qualified rehabilitation counselor);
- strengthen due process provisions, i.e., by clarifying: 1) that the due process procedures spelled out in Section 102(d) are available to both applicants and eligible individuals; 2) that these provisions apply with regard to all decisions reached by designated State unit personnel, not just VR counselors, throughout the rehabilitation process; 3) that failure to make a necessary decision in a timely manner is an appealable issue; and 4) that the restriction against terminating, suspending or reducing services during an appeal applies to all services being provided by the State VR agency throughout the VR process, including evaluations and assessment services and services being provided under an extended evaluation;
- ensure that eligible individuals are notified about the availability of CAP at key points in the rehabilitation process, including application, eligibility/ineligibility determination, at the onset of IREP development and every six months until the IREP is completed, whenever the IREP is amended, whenever services are reduced, suspended or terminated, and at case closure; and
- strengthen accountability with regard to the VR Director's authority to overturn decisions rendered by impartial hearing officers (IHOs) by requiring that justification for such overturning and the standards of review used in reviewing such decisions be shared with the IHO who rendered the decision being overturned, the State Rehabilitation Advisory Council, the Director of Client Assistance Program, and the Commissioner of the Rehabilitation Services Administration, as well as the individual and, in appropriate cases, the individual's representative.

CAP: NAPAS recommends that Section 112(g)(5), which requires CAP to use "mediation procedures to the maximum extent possible" prior to resorting to administrative or legal remedies, be amended to update terminology and to allow the full range of alternative dispute resolution techniques to be used when desirable in resolving client concerns. This change, which would need to be accompanied by a definition for alternative means of dispute resolution, would update the Act to recognize the current "state of the art" in dispute resolution and provide CAPs the option of using the full range of lower level remedies prior to resorting for formal remedies.

Conforming Amendments: NAPAS recommends that the language in both CAP [Section 112(e)(1)(D)(ii)] and PAIR [Section 509(c)(5)] be amended to require an increase in the minimum allotments for these programs whenever the appropriation for a fiscal year is an increase over the appropriation for the preceding fiscal year. NAPAS is making this recommendation to make the language in CAP and PAIR that refers to increasing the minimum allotments consistent with the applicable language in the Developmental Disabilities Act for the Protection and Advocacy Program for Individuals with Developmental Disabilities and the Protection and Advocacy for Individuals with Mental Illness Act.

State Rehabilitation Advisory Council: NAPAS recommends that the Senate look at ways to strengthen the advisory role of the State Rehabilitation Advisory Council (SRAC) with regard to the administration and implementation of the public VR program, including making such Councils more independent of the State VR Agency. In addition, NAPAS recommends that technical amendments be used to resolve problems that have evolved in filling vacancies on the SRACs and ensuring ongoing CAP representation on the SRAC. Finally, NAPAS recommends that Section 105 be amended to allow for minority representation on the SRAC, including representation of American Indians when populations within the State indicate such a need.

Selecting Individuals to Serve as Impartial Hearing Officers: Under current law, the VR Director has a major role in identifying the individuals to serve as IHOs, i.e., in conjunction with the SRAC. However, only selected members of the SRAC are designated to be involved in this selection process. Current law prohibits the SRAC members representing the CAP, the Statewide Independent Living Council, parent training centers, and VR counselors from participating in this process. Hence, NAPAS recommends that Section 102(d)(2)(C)(ii)(I) be amended to allow all members of the SRAC to participate in this process.

Issues Surrounding Informed Choice: NAPAS supports the language that was included in H.R. 1385, the Employment, Training and Literacy Enhancement Act of 1997, regarding the facilitation of informed choice for individuals with disabilities who are receiving VR services. H.R. 1385 makes it absolutely clear that informed choice is a process that occurs throughout the rehabilitation process and that individuals should be able to exercise informed choice with regard to the vocational

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goals they wish to pursue, the services they will need to achieve those goals, the providers of those services, and the methods and means that will be used to procure those services.

Issues Related to Transition Services: Section 614(d)(1)(A)(VIII)(I) and (II) of Public Law 105-117, the Individuals with Disabilities Education Act (IDEA), requires that every student in Special Education must, by age 14, have an Individualized Education Plan (IEP) which includes a statement of the student's transition service needs focusing on education and, by age 16 or, as appropriate, younger, a statement regarding the need for transition services, including statements about interagency responsibilities. The intent of these requirements is to ensure that students with disabilities who receive Special Education services have access to the education, adult services, and supports they will need in order to participate in their communities after school services cease. NAPAS recommends that the Rehabilitation Act be amended to strengthen the role of the State VR agency in the transition planning for Special Education students who have services needs that are vocational in nature. NAPAS believes that early intervention in the transition planning process can potentially divert some of these students from every needing to apply for VR services. The Act needs to clearly define VR role in transition planning. However, VR's involvement should not be restricted to students who have been determined eligible for VR services and had an individual written rehabilitation plan (IWRP) developed. Since an individual must selection a vocational goal to develop an IWRP, this level of VR involvement does not make sense for students who are more than a year away from leaving the school system. Nevertheless, VR should have the authority to conduct vocational assessments and provide vocational counseling and guidance as a part of a students exploration of vocational options. However, such limited VR involvement should not require a full blown eligibility determination.

Telecommuting/Self-Employment Initiative: NAPAS strongly supports the idea of including a new "telecommuting/self-employment initiative" in Title VI of the Rehabilitation Act. There is substantial evidence that State VR agencies are reluctant to provide assistance and support to individuals with disabilities who have identified self-employment or other types of home-based employment as their vocational goal. Such employment options are clearly the wave of the future and provide substantial advantages to many people with severe disabilities, e.g., eliminating the need to secure accessible transportation to get to and from work on a daily basis.

Best Practice Studies: NAPAS fully supports the idea of authorizing a variety of "best practice" studies, particularly with regard to the following topics: overcoming Social Security work disincentives; streamlining eligibility for VR services; enhancing the effectiveness of job development and job placement; measuring client satisfaction; facilitating consumer choice throughout the rehabilitation process; enhancing the effectiveness of transition services; promoting the autonomy and effectiveness of State Rehabilitation Advisory Councils; measuring outcomes; promoting career development counseling; identifying effective strategies for achieving "competitive employment" for individuals with intense employment support needs; and evaluating the overall effect of the new options for individualized plan development.

Job Training Consolidation Bill: NAPAS recommends that two vital provisions be included in any job training consolidation bill, i.e., provisions that will help to ensure that individuals with disabilities are able to access services available through generic workforce development programs. First, individuals with disabilities must be eligible for all federally-funded job training programs on the same basis as non-disabled individuals. Second, individuals with disabilities and their advocates must have a voice in all State and local decision-making processes established under any consolidation of workforce development programs.

Linkages and Coordination with Other Service Delivery Systems: NAPAS strongly supports creating legislative language in both the Senate's Workforce Development bill and amendments to the Rehabilitation Act which would link the programs funded under the Rehabilitation Act to the programs funded under the consolidated workforce development system, while maintaining the Title I VR program as a separate component with a separate funding stream. In addition, State VR agencies should be required to cooperate fully with all entities offering employment, training and related services to individuals with disabilities, including those funded under the Department of Labor and the Social Security Administration. Conversely, all other related job programs must be required to cooperate with the public VR program, whenever appropriate.

Conclusion

NAPAS looks forward to working closely with you and your staff as amendments to the Rehabilitation Act are conceptualized and drafted. If you have any questions,

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need additional information, or wish to schedule a meeting with staff from NAPAS, please feel free to contact me at (202-408-9514).

Sincerely,

SALLIE RHODES
Director of CAP Training

Senator DeWine. This will end today's hearing. Thank you very much.

[Whereupon, at 1:35 p.m., the subcommittee was adjourned.]

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